Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 1 of 75

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself                           |                            |   |
|----|--|----------------------------|---|
|    |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                     | Shimeshia                  |   |
|    | 100.10   | First name                 | First name                                    |
|    | Write the name that is on your government-issued   | c                          |   |
|    | picture identification (for example, your driver's | Middle name                | Middle name                                   |
|    |  | Green                      |   |
|    | license or passport                                | Last name                  | Last name                                     |
|    | Bring your picture                                 |                            |   |
|    | identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| _  |  |                            |   |
| 2. | All other names you have used in the last          | First name                 | First name                                    |
|    | 8 years  | Histiliane                 | Thathand                                      |
|    |  | Middle name                | Middle name                                   |
|    | Include your married or                            |                            |   |
|    | maiden names.                                      | Last name                  | Last name                                     |
|    |  |                            |   |
|    |  | First name                 | First name                                    |
|    |  |                            |   |
|    |  | Middle name                | Middle name                                   |
|    |  |                            | · · · · · · · · · · · · · · · · · · ·         |
|    |  | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social              | XXX - XX7136               | xxx - xx-                                     |
|    | Security number or                                 | OR                         | OR  |
|    | federal Individual<br>Taxpayer                     | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | Identification number (ITIN)                       | 3 VV - VV.                 | 3 ^ - ^ -                                     |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 2 of 75

| D  | ebtor 1 Shimeshia<br>First Name                        | C Green Middle Name Last Name   | Case number (if known)   |
|----|--|---|--|
|    |  |   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 176 Emil Ct Number Street Unit C  | Number Street  |
|    |  | Bartlett Illinois 60103   |  |
|    |  | City State Zip Code   | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
| _  |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

## Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 3 of 75

| De  | btor 1 Shimeshia  | С   | Green  | Case number (if ki  | no wn)  |
|-----|---|---|--|---|---|
|     | First Name  | Middle Name   | Last Name  |   |   |
| Pai | t 2: Tell the Court Abo   | out Your Bankruptcy Cas   | e  |   |   |
|     | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | scription of each, see <i>Notice</i><br>. Also, go to the top of page  |   | C. § 342(b) for Individuals Filing for opriate box.   |
|     | How you will pay the fee  | more details about he cashier's check, or may pay with a credit  I need to pay the fee Individuals to Pay You  I request that my fee judge may, but is not the official poverty lire. | ow you may pay. Typically, oney order If your attorn card or check with a pre-pe in installments. If you chour Filing Fee in Installment be be waived (You may required to, waive your feme that applies to your famon, you must fill out the Ap | if you are paying they is submitting you or inted address.  coose this option, sints (Official Form 10 uest this option onle, and may do so or ily size and you are | the clerk's office in your local court for the fee yourself, you may pay with cash, ar payment on your behalf, your attorney and attach the <i>Application for</i> 3A).  If you are filing for Chapter 7. By law, a sally if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
|     | Have you filed for<br>bankruptcy within the<br>last 8 years?  | Ves. District District District   | V  | When  | Case number  Case number  Case number   |
|     | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District  |  | When MM / DD / YYYYY When MM / DD / YYYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
|     | Do you rent your residence?   | ✓ No. Go to lir   | ne 12.   |   | o you want to stay in your residence?  ost You (Form 101A) and file it with   |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 4 of 75

C Green Debtor 1 Shimeshia \_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 5 of 75

 Debtor 1
 Shimeshia
 C
 Green
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 6 of 75

| Debtor 1 Shimeshia First Name   |   | Green Case  | e number (if known)  |  |
|---|---|---|--|--|
|   | estions for Reporting Purposes  |   |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily   | consumer debts? Consum<br>primarily for a personal, far<br>business debts? Business<br>nvestment or through the o   | mily, or household purpose."<br>e debts are debts that you incur<br>peration of the business or inv  | rred to obtain   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that further No.  |   | any exempt property is excluded oute to unsecured creditors?   | and administrative   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | ☐ 25,001-5<br>☐ 50,001-1<br>☐ More than  |  |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$8   | 0 million  | 0,001-\$1 billion<br>00,001-\$10 billion<br>000,001-\$50 billion<br>n \$50 billion                   |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$5   | 0 million  | 0,001-\$1 billion<br>00,001-\$10 billion<br>000,001-\$50 billion<br>n \$50 billion                   |
| Part 7: Sign Below  | I have examined this petition, ar   | nd I declare under penalty o  | f periury that the information (   | provided is true and   |
| For you   | correct.  If I have chosen to file under Chof title 11, United States Code. under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance will understand making a false stat connection with a bankruptcy coboth. 18 U.S.C. §§ 152, 1341, 1 | tapter 7, I am aware that I m<br>I understand the relief avail<br>of I did not pay or agree to pened and read the notice request that the chapter of title 11, Unternent, concealing property ase can result in fines up to 1519, and 3571. | hay proceed, if eligible, under Clable under each chapter, and I hay someone who is not an attouired by 11 U.S.C. § 342(b). nited States Code, specified in y, or obtaining money or proper \$250,000, or imprisonment for | Chapter 7, 11,12, or 13 I choose to proceed orney to help me fill on this petition. erty by fraud in |
|   | /s/ Shimeshia Green   | <b>×</b>  |  |  |
|   | Signature of Debtor 1  Executed on12/5/2016   |   | Signature of Debtor 2  Executed on   |  |
|   | MM / DD   | / YYYY  | MM / DD  | / YYYY   |

## Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 7 of 75

| Debtor 1 Shimeshia                               | С                          | Green                | Case number (if k            | (nown)  |
|--|----------------------------|----------------------|------------------------------|---|
| First Name                                       | Middle Name                | Last Name            |                              |   |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 1 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>Iso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §  | 342(b) and, in a case in w   | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | . ,                        |                      |                              | ules filed with the petition is incorrect.  |
| attorney, you do not                             | •                          |                      |                              |   |
| need to file this page.                          | /s/ Yisroel Y Mosko        | vite                 | Date                         | 12/5/2016   |
|  | Signature of Attorney f    | ****                 |                              | M / DD / YYYY   |
|  | e.ga.a.e e. / a.eey .      | 0. 200.0.            |                              |   |
|  |                            |                      |                              |   |
|  | Yisroel Y Moskovits        |                      |                              |   |
|  | Printed name               |                      |                              |   |
|  |                            |                      |                              |   |
|  | Semrad Law Firm            |                      |                              |   |
|  | Firm name                  |                      |                              |   |
|  | 10 N. Martingale Road      | 1                    |                              |   |
|  | Street                     |                      |                              |   |
|  | Suite 400                  |                      |                              |   |
|  |                            |                      |                              |   |
|  | Schaumburg                 |                      | Illinois                     | 60173   |
|  | City                       |                      | State                        | Zip Code  |
|  | Contact phone              | 3122543191           | Email address                | imoskovits@semradlaw.com  |
|  |                            |                      | Illinois                     |   |
|  | Bar number                 |                      | State                        |   |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 8 of 75

| Fill in this infor        | mation to identify your c | ase:        |                      |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1                  | Shimeshia                 | С           | Green                |
|                           | First Name                | Middle Name | Last Name            |
| Debtor 2                  |                           |             |                      |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            |
| United States E           | Sankruptcy Court for the: | Northern    | District of Illinois |
|                           |                           |             | (State)              |
| Case number<br>(If known) |                           |             |                      |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | Your assets Value of what you own         |
|---|---|
| 1. Schedule A/B: Property (Official Form 106A/B)  | Φ0.00                                     |
| 1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                                    |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$4,256.00                                |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$4,256.00                                |
| Part 2: Summarize Your Liabilities  |   |
|   | <b>Your liabilities</b><br>Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   | \$0.00                                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule  | D \$0.00                                  |
|   |   |
| ,   | \$200.00                                  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$200.00                                  |
| ,   | \$33,651.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$33,651.00                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$33,651.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>   | \$33,651.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$33,651.00<br>\$33,851.00<br>\$2,740.77  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$33,651.00<br>\$33,851.00<br>\$2,740.77  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 9 of 75

| Debt                               | or 1 Shimeshia   | С                                 | Green  | Case number (if known)  |            |  |  |  |  |  |
|------------------------------------|--|-----------------------------------|--|---|------------|--|--|--|--|--|
| <b>.</b>                           | First Name   | Middle Name                       | Last Name  | _   |            |  |  |  |  |  |
| Part 4                             | Answer mese Qu   | lestions for Administrat          | ive and Statistical Record   | 5   |            |  |  |  |  |  |
| 6. <b>A</b> r                      | e you filing for bankrupt  | cy under Chapters 7, 11, o        | r 13?  |   |            |  |  |  |  |  |
|                                    | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |                                   |  |   |            |  |  |  |  |  |
| V                                  | ✓ Yes.   |                                   |  |   |            |  |  |  |  |  |
| 7. What kind of debt do you have?  |  |                                   |  |   |            |  |  |  |  |  |
| /. W                               | •  |                                   |  |   |            |  |  |  |  |  |
| <u> </u>                           |  |                                   | imer debts are those incurred by<br>Fill out lines 8-10 for statistical pu | an individual primarily for a personal, urposes. 28 U.S.C. § 159. |            |  |  |  |  |  |
| Г                                  |  |                                   | ou have nothing to report on this  | part of the form. Check this box and su                           | bmit       |  |  |  |  |  |
|                                    | this form to the court w   | rith your other schedules.        |  |   |            |  |  |  |  |  |
| 8. <b>F</b>                        | rom the Statement of Y   | our Current Monthly Incom         | e: Copy your total current montl   | nly income from Official  | \$3,769.73 |  |  |  |  |  |
| F                                  | orm 122A-1 Line 11; <b>OR</b> ,  | Form 122B Line 11; <b>OR</b> , Fo | orm 122C-1 Line 14.  |   |            |  |  |  |  |  |
| 9.                                 | Copy the following spec  | ial categories of claims fro      | om Part 4, line 6 of Schedule E  | :/F:  |            |  |  |  |  |  |
|                                    |  |                                   |  |   |            |  |  |  |  |  |
|                                    | From Part 4 on Schedul   | e E/F, copy the following:        |  | Total claim   |            |  |  |  |  |  |
|                                    | 9a. Domestic support obli  | igations (Copy line 6a.)          |  | \$0.00  |            |  |  |  |  |  |
|                                    | 9b. Taxes and certain oth  | er debts you owe the governi      | ment. (Copy line 6b.)  | \$200.00  |            |  |  |  |  |  |
|                                    |  | ersonal injury while you were i   | , , ,  | \$0.00  |            |  |  |  |  |  |
|                                    | 90. Claims for death of pe   | isonai injury wrille you were i   | intoxicated. (Copy line 6c.)   | <u> </u>  |            |  |  |  |  |  |
| 9d. Student loans. (Copy line 6f.) |  |                                   |  |   |            |  |  |  |  |  |
|                                    | 9e. Obligations arising ou priority claims. (Copy line   |                                   | or divorce that you did not report   | as \$0.00   |            |  |  |  |  |  |
|                                    | priority dialitis. (Oopy lifte   | οg.,                              |  | \$0.00  |            |  |  |  |  |  |
|                                    | 9f. Debts to pension or pr   | ofit-sharing plans, and other     | similar debts. (Copy line 6h.)   | ψ0.00<br>——————————————————————————————————                       |            |  |  |  |  |  |
|                                    |  |                                   |  |   |            |  |  |  |  |  |

\$200.00

9g. Total. Add lines 9a through 9f.

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 10 of 75

| Fill in this in  | nformation to identify your c   | ase:  |  |  |     |
|--|---|---|--|--|-----|
| Debtor 1   | Shimeshia   | С   | Green  |  |     |
| Deptor i   | First Name  | Middle Name   |  | <del></del>  |     |
| Debtor 2<br>(Spouse, if filin                              | <sup>g)</sup> First Name  | Middle Name   | Last Name  |  |     |
| United State   | es Bankruptcy Court for the:  | Northern  | District of Illinois   |  |     |
|  | . ,   | <u></u>   | (State)  | _  |     |
| Case numb<br>(If known)                                    | oer   |   |  | <del></del>  |     |
| Official   | Form 106A/B   |   |  | Check if this is an amended filing   |     |
| Sched  | ule A/B: Prope  | ertv  |  | 1  | 2/1 |
| In each cate<br>category wi<br>responsible<br>write your n | egory, separately list and o<br>here you think it fits best. I<br>for supplying correct infor<br>name and case number (if I | lescribe items. List a<br>Be as complete and a<br>mation. If more space<br>(nown). Answer every | ccurate as possible. If two marr<br>e is needed, attach a separate s                     | ts in more than one category, list the asset in the rried people are filing together, both are equally sheet to this form. On the top of any additional pages, |     |
|  |   | <del>-</del>  |  |  | _   |
|  | own or nave any legal or e<br>No. Go to Part 2  | quitable interest in ar   | y residence, building, land, or s  | similar property?  |     |
|  | Yes. Where is the property?   |   |  |  |     |
|  | roo. Whole is the property.   | Wi  | at is the property? Check all that   | at apply. Do not deduct secured claims or exemptions. P  | ut  |
| 1.1  | Street address, if available, or  |   | Single-family home   | the amount of any secured claims on Schedule<br>Creditors Who Have Claims Secured by Property  | D:  |
|  | Street address, if available, or  | Other description   | Duplex or multi-unit building  | Current value of the Current value of the  | •   |
| <u>-</u>   |   |   | Condominium or cooperative  Manufactured or mobile home                                  | entire property? portion you own?  |     |
| _  |   | <b> </b>  | Land   |  |     |
| 1  | Number Street   |   | Investment property  | Describe the nature of your ownership interest (such as fee simple, tenancy by   |     |
|  | City State  | Zip Code  | Timeshare<br>Other   | the entireties, or a life estate), if known.   |     |
|  | on, class   | L   | no has an interest in the propert<br>e.  | Check if this is community property (see instructions)   |     |
|  |   |   | Debtor 1 only  |  |     |
|  |   |   | Debtor 2 only  |  |     |
|  |   | <u> </u>  | Debtor 1 and Debtor 2 only  At least one of the debtors and a                            | another  |     |
|  |   | L<br>Ot   |  | d about this item, such as local   |     |
|  |   | pro   | perty identification number:   |  |     |
| 1.2  | wn or have more than one, I   | Wi  | at is the property? Check all tha<br>Single-family home<br>Duplex or multi-unit building | at apply.  Do not deduct secured claims or exemptions. P the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property            | D:  |
| -  |   |   | Condominium or cooperative  Manufactured or mobile home                                  | Current value of the entire property?  ———————————————————————————————————   |     |
| 1  | Number Street   |   | Land<br>Investment property  | Describe the nature of your ownership  |     |
| _  |   |   | Timeshare  | interest (such as fee simple, tenancy by<br>the entireties, or a life estate), if known.   |     |
| (  | City State  | Zip Code  | Other  | <del>-</del>   |     |
|  |   | <b>W</b> i<br>on  | o has an interest in the propert<br>e.   | check if this is community property (see instructions)   |     |
|  |   | L   | Debtor 1 only  |  |     |
|  |   |   | Debtor 2 only  Debtor 1 and Debtor 2 only  |  |     |
|  |   | F   | At least one of the debtors and a  | another  |     |
|  |   | L<br>Ot   |  | d about this item, such as local   |     |
|  |   |   | perty identification number:   |  |     |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 11 of 75

|                                | Shimeshia<br>First Name  | C<br>Middle Name                        | Green<br>Last Name   | Case numbe       | r (if known)                              |   |
|--------------------------------|--|---|--|------------------|---|---|
| Nun                            | et address, if available, or othe                                | er description                          | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare                            | apply.           | the amount of any secu                    | imple, tenancy by   |
| City                           | State  | [<br>[<br>[<br>]                        | Other  Who has an interest in the propert  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and ar  Other information you wish to add property identification number: | nother           | Check if this is co<br>(see instructions) |   |
|                                | the dollar value of the port<br>ve attached for Part 1. Writ     | e that number h                         |  | uding any entrie | s for pages                               |   |
| <b>Do you ow</b><br>you own tl | hat someone else drives. If young, trucks, tractors, sport utili | quitable interest<br>u lease a vehicle, | t in any vehicles, whether they are<br>also report it on Schedule G: Executo<br>cycles   | -                | -   |   |
| 3.1                            | Make Model: Year: Approximate mileage: Other information:        |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors as Check if this is community instructions)   | nd another       | the amount of any secu                    | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
| 3.2                            | Make Model: Year: Approximate mileage: Other information:        |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and   | nd another       | the amount of any secu                    | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
|                                |  |   | Check if this is community instructions)   | property (see    |   |   |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 12 of 75

|      | Shimeshia<br>First Name                                   | C<br>Middle Name   | Green<br>Last Name  | Case number   | el (ITKNOWN)                                 |   |
|------|---|--------------------|---|---|--|---|
| 3.3  | Make Model: Year: Approximate mileage: Other information: |                    | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communinstructions)     | nly<br>s and another                                    | the amount of any secu                       | claims or exemptions. Pured claims on Schedule aims Secured by Property  Current value of the portion you own?  |
| 3.4  | Make Model: Year: Approximate mileage: Other information: |                    | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communing instructions) | nly<br>s and another                                    | the amount of any secu                       | claims or exemptions. Pured claims on Schedule naims Secured by Property  Current value of the portion you own? |
| Wot  | araraft aireraft mater be                                 | mas ATVs and other | or rearractional vahialas, ather  | vehicles and see  | accerics.                                    |   |
| Exar | nples: Boats, trailers, motor<br>No<br>Yes                | •                  | er recreational vehicles, other<br>i, fishing vessels, snowmobiles, i<br>Who has an interest in the<br>one.   | motorcycle accessori                                    | Do not deduct secured the amount of any secu | claims or exemptions. Poured claims on <i>Schedule</i>  |
| Exar | nples: Boats, trailers, motor<br>No<br>Yes<br>Make        | •                  | t, fishing vessels, snowmobiles,  Who has an interest in the  | motorcycle accessori property? Check  hly s and another | Do not deduct secured the amount of any secu | •   |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 13 of 75

Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... couch, TV \$200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... cellphone \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$800.00 for Part 3. Write that number here .....

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Page 14 of 75 Document

Green

Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Bank of America \$290.00 17.1. Checking account: \$119.00 17.2. Checking account: **TCF** 17.3. Savings account: Bank of America \$6.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 15 of 75

| Debt | tor 1 Shimeshia          | С  | Green                       | Case number (if known)                       |           |
|------|--------------------------|--|-----------------------------|--|-----------|
|      | First Name               | Middle Name  | Last Name                   | <del></del>                                  |           |
| 20.  | Negotiable instruments i | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfer assuer name: | checks, promissory no       | tes, and money orders.                       |           |
|      |                          |  |                             |  |           |
| 21.  | Retirement or pension    |  | thrift eavings accounts     | s, or other pension or profit-sharing plans  |           |
|      |                          | na, Enioa, Reogii, 401(k), 403(b)  | , tillit savings accounts   | , or other pension or profit-straining plans |           |
|      | ✓ No                     | Type of account:   | Institution name:           |  |           |
|      | Yes. List each account   | 401(k) or similar plan:  |                             |  |           |
|      | separately.              | Pension plan:  |                             |  |           |
|      |                          | IRA:   |                             |  |           |
|      |                          | Retirement account:  |                             |  |           |
|      |                          | Keogh:   |                             |  |           |
|      |                          | Additional account:  |                             |  |           |
|      |                          | Additional account:  | _                           |  |           |
|      |                          |  |                             |  |           |
| 22.  |                          | prepayments I deposits you have made so that with landlords, prepaid rent, public                                |                             |  |           |
|      | ✓ Yes                    | Electric:  | Landlord                    |  | \$1200.00 |
|      |                          | Gas:   |                             |  |           |
|      |                          | Heating oil:   |                             |  |           |
|      |                          | Security deposit on rental unit:   |                             |  |           |
|      |                          | Prepaid rent:  |                             |  |           |
|      |                          | Telephone:   |                             |  |           |
|      |                          | Water:   |                             |  |           |
|      |                          | Rented furniture:  |                             |  |           |
|      |                          | Other:   |                             |  |           |
| 23.  | Annuities (A contract fo | or a periodic payment of money to  | you, either for life or for | r a number of years)                         |           |
|      | <b>✓</b> No              | Issuer name and description:   |                             |  |           |
|      | Yes                      |  |                             |  |           |
|      |                          |  |                             |  |           |
|      |                          |  |                             |  |           |
|      |                          |  |                             |  |           |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 16 of 75

| Debto | or 1 Shimeshia  | С   | Green   | Case number (if known)  |   |
|-------|---|---|---|---|---|
|       | First Name  | Middle  | Name Last Name  |   |   |
| 24.   |   | n education IRA, in an acc<br>530(b)(1), 529A(b), and 529   |   | r under a qualified state tuition program.  |   |
|       | ✓ No  Yes   | Institution name and descrip  | otion. Separately file the records of any i                                   | nterests.11 U.S.C. § 521(c):  |   |
|       |   |   |   |   |   |
| 25.   | Trusts, equita  | <br>able or future interests in a   | property (other than anything listed i  | n line 1), and rights or powers   |   |
|       | exercisable fo  | or your benefit   | ,   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
|       | ✓ No<br>Yes. Desc   | ribe  |   |   |   |
| 26.   |   |   | secrets, and other intellectual propes, proceeds from royalties and licensing |   |   |
|       | ✓ No  Yes. Desc   | ribe  |   |   |   |
|       | <u> </u>  |   |   |   |   |
| 27.   |   | nchises, and other general<br>Iding permits, exclusive licen  | intangibles<br>ses, cooperative association holdings, l                       | iquor licenses, professional licenses   |   |
|       | <b>✓</b> No   |   |   |   |   |
|       | Yes. Desc   | ribe  |   |   |   |
|       |   |   |   |   |   |
|       |   |   |   |   |   |
| Mon   | ey or proper  | ty owed to you?   |   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                    |
|       | ey or proper  |   |   |   | portion you own?  |
|       | Tax refunds ov  |   |   |   | portion you own? Do not deduct secured  |
|       | Tax refunds ov  | ved to you  | anticipated tax refund  | Federal:  | portion you own? Do not deduct secured  |
|       | Tax refunds ov  No Yes. Give s abou you a   | ved to you  specific information t them, including whether slready filed the returns  | anticipated tax refund  | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds ov  No  Yes. Give s abou you a and t  | epecific information t them, including whether liready filed the returns the tax years  | anticipated tax refund  |   | portion you own? Do not deduct secured claims or exemptions.  \$1841.00   |
| 28.   | Tax refunds ov  No  Yes. Give s abou you a and t  Family suppor  Examples: Past   | specific information t them, including whether already filed the returns the tax years  |   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$1841.00  \$0.00  \$0.00                               |
| 28.   | No Yes. Give s abou you a and t  Family suppor Examples: Past   | specific information t them, including whether already filed the returns the tax years  |   | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$1841.00  \$0.00  \$0.00                               |
| 28.   | No Yes. Give s abou you a and t  Family suppor Examples: Past   | epecific information t them, including whether elready filed the returns the tax years t due or lump sum alimony, s                     |   | State:  Local:  ance, divorce settlement, property settlemen                                    | portion you own? Do not deduct secured claims or exemptions.  \$1841.00  \$0.00  \$0.00                               |
| 28.   | No Yes. Give s abou you a and t  Family suppor Examples: Past   | epecific information t them, including whether elready filed the returns the tax years t due or lump sum alimony, s                     |   | State:  Local:  ance, divorce settlement, property settlement  Alimony:                         | portion you own? Do not deduct secured claims or exemptions.  \$1841.00  \$0.00  t  \$0.00                            |
| 28.   | No Yes. Give s abou you a and t  Family suppor Examples: Past   | epecific information t them, including whether elready filed the returns the tax years t due or lump sum alimony, s                     |   | State:  Local:  nance, divorce settlement, property settlement  Alimony:  Maintenance:          | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00  \$0.00  t  \$0.00                     |
| 28.   | No Yes. Give s abou you a and t  Family suppor Examples: Past   | epecific information t them, including whether elready filed the returns the tax years t due or lump sum alimony, s                     |   | State:  Local:  ance, divorce settlement, property settlement  Alimony:  Maintenance:  Support: | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00 \$0.00  t \$0.00 \$0.00                |
| 29.   | Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp | pecific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sepecific information  | spousal support, child support, mainter                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement:                               | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | No Yes. Give s abou you a and t  Family suppor Examples: Past  V No Yes. Give s  Other amount Examples: Unp               | pecific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sepecific information  | spousal support, child support, mainter                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:          | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  No     | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sepecific information | spousal support, child support, mainter                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:          | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | No Yes. Give s abou you a and t  Family suppor Examples: Past  V No Yes. Give s  Other amount Examples: Unp               | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sepecific information | spousal support, child support, mainter                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:          | portion you own? Do not deduct secured claims or exemptions.  \$1841.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 17 of 75

| Deb  | tor      | 1 Shimeshia                                      | С   | Green   | Case number (if known)                        |   |
|------|----------|--|---|---|---|---|
|      |          | First Name                                       | Middle Name   | Last Name   |   |   |
| 31.  |          | nterests in insurance<br>ixamples: Health, disab |   | alth savings account (HSA); credit,                                 | nomeowner's, or renter's insurance            |   |
|      |          | Yes. Name the insured of each policy and         |   | Company name:   | Beneficiary:                                  | Surrender or refund value:                                  |
| 32.  | lf       |  |   |   | cy, or are currently entitled to receive      | _   |
|      |          | No<br>Yes. Describe                              |   |   |   |   |
| 33.  |          |  |   | you have filed a lawsuit or made<br>urance claims, or rights to sue | a demand for payment                          |   |
|      |          | No Yes. Describe                                 |   |   |   |   |
| 34.  |          | ther contingent and<br>set off claims            | <br>I unliquidated claims of                        | every nature, including counter                                     | claims of the debtor and rights               |   |
|      | <u> </u> | No Yes. Describe                                 |   |   |   |   |
| 35.  | A        | ny financial assets y                            | ou did not already list                             |   |   |   |
|      |          | No Yes. Describe                                 |   |   |   |   |
| 36.  |          |  | •   | n Part 4, including any entries f                                   |   | \$3456.00   |
| Part | 5:       | Describe Any B                                   | susiness-Related Pro                                | perty You Own or Have an I  | nterest In. List any real estate in Pa        | rt 1.   |
| 37.  | D        |  |   | terest in any business-related p                                    |   |   |
| 07.  |          | No. Co to Bod C                                  | ny logar or oquitable in                            | orodi iii aliy badiiiood rolatoa p                                  | (Sporty)                                      | Current value of the  |
|      |          | Yes. Go to line 38.                              |   |   |   | portion you own? Do not deduct secured claims or exemptions |
| 38.  | A        | ccounts receivable                               | or commissions you alre                             | eady earned   |   |   |
|      |          | No<br>Yes. Describe                              |   |   |   |   |
| 39.  |          |  | nishings, and supplies<br>lated computers, software | , modems, printers, copiers, fax m                                  | achines, rugs, telephones, desks, chairs, ele | ctronic devices   |
|      |          | No Yes. Describe                                 |   |   |   |   |
|      |          |  |   |   |   |   |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 18 of 75

| Debt     | tor 1 Shimeshia                      | С                            | Green                              | Case number (if known)          |                              |
|----------|--------------------------------------|------------------------------|------------------------------------|---------------------------------|------------------------------|
|          | First Name                           | Middle Name                  | Last Name                          |                                 |                              |
| 40.      | Machinery, fixtures, equipm          | nent, supplies you us        | se in business, and tools of yo    | ur trade                        |                              |
|          | <b>√</b> No                          |                              |                                    |                                 |                              |
|          | <u> </u>                             |                              |                                    |                                 | 1                            |
|          | Yes. Describe                        |                              |                                    |                                 |                              |
|          |                                      |                              |                                    |                                 | i                            |
| 11       | Inventory                            |                              |                                    |                                 |                              |
| 71.      | inventory                            |                              |                                    |                                 |                              |
|          | <b>✓</b> No                          |                              |                                    |                                 |                              |
|          | Yes. Describe                        |                              |                                    |                                 |                              |
|          |                                      |                              |                                    |                                 |                              |
|          |                                      | <u> </u>                     |                                    |                                 |                              |
| 42.      | Interests in partnerships or         | joint ventures               |                                    |                                 |                              |
|          | ✓ No                                 |                              |                                    |                                 |                              |
|          |                                      | N                            | ame of entity:                     | % of ownership:                 |                              |
|          | Yes. Give specific information about |                              |                                    |                                 |                              |
|          | them                                 | _                            |                                    |                                 |                              |
|          |                                      |                              |                                    |                                 |                              |
|          |                                      | _                            |                                    |                                 |                              |
|          |                                      | _                            |                                    |                                 | <del>_</del>                 |
| 43. (    | Customer lists, mailing lists,       | or other compilation         | ns                                 |                                 |                              |
|          | <b>✓</b> No                          |                              |                                    |                                 |                              |
|          | lacksquare                           | nersonally identifiable      | e information (as defined in 11 L  | ISC 8 101(41A))?                |                              |
|          | Too. Do your note include            | porcorraily labrilliable     | o milonination (ao doimida in 11 c |                                 |                              |
|          | ☐ No                                 |                              |                                    |                                 |                              |
|          | Yes. Describe                        |                              |                                    |                                 |                              |
|          | 1 301 200011201111                   |                              |                                    |                                 |                              |
| 44.      | Any business-related prope           | rty you did not alrea        | idy list                           | ·                               |                              |
|          |                                      |                              | •                                  |                                 |                              |
|          | ✓ No                                 |                              |                                    |                                 | <u> </u>                     |
|          | Yes. Give specific                   |                              |                                    |                                 |                              |
|          | information                          | _                            |                                    |                                 | <del></del>                  |
|          |                                      |                              |                                    |                                 |                              |
|          |                                      | _                            |                                    |                                 | <u> </u>                     |
|          |                                      | _                            |                                    |                                 | <del></del>                  |
|          |                                      |                              |                                    |                                 |                              |
|          |                                      | _                            |                                    |                                 | <del></del>                  |
|          |                                      | _                            |                                    |                                 | <u> </u>                     |
|          |                                      |                              |                                    |                                 |                              |
| 45. A    | dd the dollar value of all of y      | our entries from Par         | rt 5, including any entries for    | pages you have attached         |                              |
|          |                                      |                              |                                    |                                 |                              |
| <u> </u> |                                      |                              |                                    |                                 |                              |
| Part     |                                      |                              |                                    | You Own or Have an Interest In. |                              |
|          | If you own or have an intere         | st in farmiand, list it in F | Part I.                            |                                 |                              |
| 46.      | Do you own or have any leg           | al or equitable inter        | rest in any farm- or commerci      | al fishing-related property?    |                              |
|          | No. Go to Part 7                     |                              |                                    |                                 | Current value of the         |
|          | No. Go to Part 7.                    |                              |                                    |                                 | portion you own?             |
|          | Yes. Go to line 47.                  |                              |                                    |                                 | Do not deduct secured claims |
|          |                                      |                              |                                    |                                 | or exemptions                |
| 47.      | Farm animals                         | form role ad fiele           |                                    |                                 |                              |
|          | Examples: Livestock, poultry,        | rarm-raised fish             |                                    |                                 |                              |
|          | <b>✓</b> No                          |                              |                                    |                                 |                              |
|          | Yes. Describe                        |                              |                                    |                                 |                              |
|          |                                      |                              |                                    |                                 |                              |
|          |                                      |                              |                                    |                                 | 1                            |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 19 of 75

| Deb          | tor 1 Shimeshia                         | C<br>Middle Name                    | Green                      | Case number (if known)       |                  |
|--------------|---|-------------------------------------|----------------------------|------------------------------|------------------|
|              | First Name                              |                                     | Last Name                  |                              |                  |
| 48.          | Crops-either growing                    | or harvested                        |                            |                              |                  |
|              | <b>✓</b> No                             |                                     |                            |                              |                  |
|              | Yes. Describe                           |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| 40           | Farms and Salaina and                   |                                     |                            | _                            |                  |
| 49.          | Farm and fishing equip                  | oment, implements, machinery, f     | ixtures, and tools of trad | e                            |                  |
|              | <b>✓</b> No                             |                                     |                            |                              |                  |
|              | Yes. Describe                           |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| 50.          | Farm and fishing supp                   | ies, chemicals, and feed            |                            |                              |                  |
| 00.          |   | ,                                   |                            |                              |                  |
|              | No No                                   |                                     |                            |                              |                  |
|              | Yes. Describe                           |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| 51.          | Any farm- and comme                     | rcial fishing-related property you  | did not already list       |                              |                  |
|              | <b>№</b> No                             |                                     |                            |                              |                  |
|              | Yes. Describe                           |                                     |                            |                              |                  |
|              | L reer December.                        |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| 52. A        | dd the dollar value of al               | I of your entries from Part 6, incl | uding any entries for page | ges you have attached        |                  |
|              |   | here                                |                            | -                            |                  |
|              |   |                                     |                            | L                            |                  |
|              |   |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| Part         | 7: Describe All Pro                     | perty You Own or Have an Ir         | nterest in That You Di     | d Not List Above             |                  |
| 53.          |   | perty of any kind you did not alre  | ady list?                  |                              |                  |
|              | Examples: Season tickets                | s, country club membership          |                            |                              |                  |
|              | <b>✓</b> No                             |                                     |                            |                              |                  |
|              | Yes. Give specific information          |                                     |                            |                              |                  |
|              | imonnation                              |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| 54. A        | dd the dollar value of al               | I of your entries from Part 7. Wri  | te that number here        |                              | <u> </u>         |
|              |   |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
|              |   |                                     |                            |                              |                  |
| Part         | 8: List the Totals of                   | Each Part of this Form              |                            |                              |                  |
| rare         |   |                                     |                            |                              |                  |
| 55.          | Part 1: Total real estate               | , line 2                            |                            | <b>&gt;</b>                  |                  |
|              |   |                                     |                            |                              |                  |
| 56.          | part 2 total vehicles, lin              | e 5                                 | -                          | <u> </u>                     |                  |
| 57. <b>F</b> | Part 3: Total personal an               | d household items, line 15          | \$800.00                   |                              |                  |
| 58. <b>F</b> | Part 4: Total financial as              | sets, line 36                       | \$3456.00                  |                              |                  |
| 59           | Part 5: Total business-re               | elated property line 45             | φ0400.00                   | <del></del>                  |                  |
|              |   |                                     |                            | <u>—</u>                     |                  |
| 60.          | Part 6: Total farm- and f               | ishing-related property, line 52    | -                          | <u></u>                      |                  |
| 61.          | Part 7: Total other prop                | erty not listed, line 54            |                            |                              |                  |
| 62.          | Total personal property.                | Add lines 56 through 61             | Ф4050.00                   | <u> </u>                     | <b>#</b> 4050.00 |
|              | , | . <b>.</b>                          | \$4256.00                  | Copy personal property total | + \$4256.00      |
|              |   |                                     |                            |                              |                  |
| 00 -         |   | Charle AMB Address Co. Co.          |                            |                              | \$4256.00        |
| 63. <b>T</b> | οται of all property on S               | chedule A/B. Add line 55 + line 62  | <b>'</b>                   |                              | 1                |

|   |  | Case 16-38287   | Doc 1   | Filed 12/05/16<br>Document  | Entered 12/05/16 1<br>Page 20 of 75   | L1:37:16   | Desc Main  |
|---|--|---|---|---|---|--|--|
| Fill  | in this inforr   | mation to identify your case  | :   |   |   |  |  |
| Del   | btor 1   | Shimeshia<br>First Name   | C<br>Middle N   | Green<br>ame Last Nan   | ne  |  |  |
| _   | btor 2<br>ouse, if filing)   | First Name  | Middle N  | ame Last Nan  | ie e  |  |  |
| Uni   | ited States B  | ankruptcy Court for the: No   | orthern   | District of Illino (Sta   |   |  |  |
|   | se number<br>nown)   |   |   |   |   |  |  |
| O <sub>1</sub>  | fficial  | Form 106C   |   |   |   |  | Check if this is an amended filing                   |
| Sc  | chedule  | e C: The Proper   | tv You C  | Claim as Exen   | not   |  | 12/15  |
| as e<br>add<br>For<br>stat<br>the<br>tax-<br>und<br>you | exempt. If reditional pages each iten te a specificamount of exempt reder a law the exemption of the exempti | more space is needed, fill<br>ges, write your name and<br>n of property you claim<br>fic dollar amount as exe<br>of any applicable statuto<br>etirement funds—may l | out and atta<br>case numbe<br>as exempt, y<br>empt. Alterna<br>ory limit. Son<br>be unlimited<br>in to a particu<br>he applicable | ach to this page as ma<br>or (if known).<br>you must specify the<br>atively, you may clair<br>ne exemptions—sucl<br>in dollar amount. Ho<br>ular dollar amount ar<br>le statutory amount. | amount of the exemption the full fair market value as those for health aids, wever, if you claim an exe | you claim. Ce of the proprights to recemption of 1 | erty being exempted up to eive certain benefits, and |
| 1.  |  | of exemptions are you cla   |   | •   | ouse is filing with you.  |  |  |
|   | ✓ You a  | are claiming state and feder  | ral nonbankru   | ptcy exemptions. 11 U.S   | S.C. § 522(b)(3)  |  |  |
|   | You a  | are claiming federal exemp  | tions. 11 U.S.(   | C. § 522(b)(2)  |   |  |  |
| 2.  | For any p  | roperty you list on Schedul   | e A/B that you  | ı claim as exempt, fill in  | the information below.  |  |  |
|   | Brief desc   | cription of the property and  | Current   | value of Amount of  | the exemption you claim   | Specifi  | ic laws that allow exemption                         |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 21 of 75

Debtor 1 Shimeshia C Green Case number (if known)
First Name Middle Name Last Name

| 2: Additional Page  |   |   |                                    |
|---|---|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption |
| Brief description: Bank of America Line from Schedule A/B: 17                       | \$6.00  | \$6.00  100% of fair market value, up to any applicable statutory limit     | 735 ILCS 5/12-1001(b)              |
| Brief description:  | \$200.00  | \$200.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Brief description: cellphone Line from Schedule A/B: 07                             | \$100.00  | \$100.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Brief description: Clothing Line from Schedule A/B: 11                              | \$500.00  | \$500.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |
| Brief description: anticipated tax refund Line from                                 | \$1,841.00  | \$1,841.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Schedule A/B:28  Brief description: Landlord Line from                              | \$1,200.00  | \$1,200.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 22 of 75

|                        |                                   |                                   | •  |   |  |                                       |
|------------------------|-----------------------------------|-----------------------------------|--|---|--|---------------------------------------|
| Fill in this info      | ormation to identify your cas     | se:                               |  |   |  |                                       |
| Debtor 1               | Shimeshia                         | С                                 | Green  |   |  |                                       |
|                        | First Name                        | Middle Name                       | Last Name  |   |  |                                       |
| Debtor 2               |                                   |                                   |  |   |  |                                       |
| (Spouse, if filing)    | First Name                        | Middle Name                       | Last Name  |   |  |                                       |
| United States          | Bankruptcy Court for the:         | Northern                          | District of Illinois   |   |  |                                       |
|                        |                                   |                                   | (State)  |   |  |                                       |
| Case number (If known) |                                   |                                   |  |   |  |                                       |
|                        |                                   |                                   |  |   |  | Chaolaif thio io an                   |
| Official               | Form 106D                         |                                   |  |   |  | Check if this is an<br>amended filing |
| Calaad                 | l. D. O                           | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 01-1 0   | a al las e Dura sa  |  | 3                                     |
| Scnea                  | ule D: Creatto                    | ors wno ma                        | ve Claims Secure   | ea by Prop  | erty                                       | 12/15                                 |
| more space is          | -                                 |                                   | e are filing together, both are equ<br>nber the entries, and attach it to t                              | • •   |  |                                       |
| 1. Do any              | creditors have claims se          | cured by your proper              | ty?  |   |  |                                       |
| ✓ No.                  | Check this box and subm           | it this form to the court         | with your other schedules. You hav   | ve nothing else to rep  | ort on this form.                          |                                       |
| Yes                    | s. Fill in all of the information | below.                            |  |   |  |                                       |
| Part 1: Lis            | t All Secured Claims              |                                   |  |   |  |                                       |
| for each               |                                   | itor has a particular claim       | red claim, list the creditor separately list the other creditors in Part 2. As g to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports | Column C Unsecured portion If any     |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 23 of 75

|  |  | Ī  | Document Page 23   | 3 of 75   |                |                    |                    |
|--|--|--|--|---|----------------|--------------------|--------------------|
| Fill in this in                                | formation to identify your ca  | ise:   |  |   |                |                    |                    |
| Debtor 1                                       | Shimeshia<br>First Name  | C<br>Middle Name   | Green<br>Last Name   | _   |                |                    |                    |
| Debtor 2<br>(Spouse, if filing                 | i) First Name  | Middle Name  | Last Name  | _   |                |                    |                    |
| United State                                   | s Bankruptcy Court for the:  | Northern   | District of Illinois   |   |                |                    |                    |
| Case numbe                                     | er   |  | (State)  | _   |                |                    |                    |
| Official                                       | Form 106E/F  |  |  |   | Che            | ck if this is an   | amended filing     |
|  |  | ditors Wh  | o Have Unsecu  | ıred Claims   |                |                    | 12/15              |
| the entries i known).  Part 1: List  1. Do any |  | ach the Continuation  Unsecured Claim  |  |   |                |                    |                    |
| listed, i<br>As mud<br>Continu                 | I of your priority unsecured<br>dentify what type of claim it is<br>the as possible, list the claims<br>uation Page of Part 1. If more | s. If a claim has both p<br>in alphabetical order ac<br>than one creditor hold | as more than one priority unsecure viority and nonpriority amounts, list coording to the creditor's name. If ds a particular claim, list the other cons for this form in the instruction | t that claim here and show<br>you have more than two p<br>reditors in Part 3. | both priority  | and nonprior       | ity amounts.       |
| (i oi aii                                      | explanation of each type of c  | olaim, see the instruction   |  | bookiet.)   | Total<br>claim | Priority<br>amount | Nonpriority amount |
|  | y Creditor's Name<br>ox 64338  |  | Last 4 digits of account numbe When was the debt incurred? As of the date you file, the claim  | n/a   | \$200.00       | \$200.00           | \$0.00             |
|  | State incurred the debt? Check o   | 60664<br>Zip Code<br>ne.   | Contingent Unliquidated Disputed   |   |                |                    |                    |
|  | Debtor 1 only  |  | Type of PRIORITY unsecured c   |   |                |                    |                    |
|  | Debtor 2 only  |  | Domestic support obligations   |   |                |                    |                    |
|  | Debtor 1 and Debtor 2 only  at least one of the debtors and  | d another  | ✓ Taxes and certain other debts  Claims for death or personal  | ,   |                |                    |                    |
| H.   | Check if this claim relates t  |  | intoxicated  | · ·   |                |                    |                    |

Is the claim subject to offset?

✓ No Yes

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 24 of 75

Green Debtor 1 Shimeshia Case number (if known) Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Americash - Bankruptcy \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 184 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Des Plaines Illinois 60016 State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes CAPITAL ONE BANK USA, NA \$1,274.00 Last 4 digits of account number 1424 Nonpriority Creditor's Name 4/1/2007 11013 W BROAD ST When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 23060 GLEN ALLEN Virginia Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_ CreditCard **✓** No Yes CAPITAL ONE BANK USA, NA 4.3 \$682.00 Last 4 digits of account number Nonpriority Creditor's Name 11013 W BROAD ST When was the debt incurred? 7/1/2006 Number Street As of the date you file, the claim is: Check all that apply. Contingent GLEN ALLEN 23060 Virginia Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only **V** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Is the claim subject to offset? Other. Specify \_ **V** No Yes

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 25 of 75

Debtor 1 Shimeshia C Green Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continu   | uation Page  |             |
|--------|---|--|-------------|
|        | After listing any entries on this page, number them beginn  | ning with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.4    | CAPITAL ONE BANK USA, NA Nonpriority Creditor's Name 11013 W BROAD ST Number Street   | Last 4 digits of account number 7786  When was the debt incurred? 3/1/2005  As of the date you file, the claim is: Check all that apply.   | \$665.00    |
|        | GLEN ALLEN Virginia 23060 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes   | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard   |             |
| 4.5    | CB/LNBRYNT Nonpriority Creditor's Name Post Office Box 659562 Number Street  San Antonio Texas 78265 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes        | Last 4 digits of account number 2954  When was the debt incurred? 1/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard | \$673.00    |
| 4.6    | CB/VICSCRT  Nonpriority Creditor's Name 220 W SCHROCK RD  Number Street  WESTERVILLE Ohio 43081  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Heat 4 digits of account number 6250  When was the debt incurred? 8/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard | \$386.00    |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 26 of 75

Debtor 1 Shimeshia C Green Case number (if known)
First Name Middle Name Last Name

| Part 2 |  | <u> </u>  |             |  |
|--------|--|---|-------------|--|
|        | After listing any entries on this page, number them beginning  | ng with 4.5, followed by 4.6, and so forth.   | Total claim |  |
| 4.7    | CORPORATE AMERICA FCU Nonpriority Creditor's Name 2075 BIG TIMBER RD Number Street   | Last 4 digits of account number When was the debt incurred? 7/1/2012  As of the date you file, the claim is: Check all that apply.  | \$1,882.00  |  |
|        | ELGIN Illinois 60123 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard   |             |  |
| 4.8    | CREDENCE RESOURCE MANA Nonpriority Creditor's Name 17000 DALLAS PKWY STE 20 Number Street  DALLAS Texas 75248 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No Yes | When was the debt incurred? 4/1/2016  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify ORIGINAL CREDITOR: AT T | \$169.00    |  |
| 4.9    | CREDIT ONE BANK NA  Nonpriority Creditor's Name PO BOX 98875  Number Street  LAS VEGAS Nevada 89193  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?            | When was the debt incurred? 10/1/2011  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard                 | \$1,879.00  |  |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 27 of 75

C Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **DIVERSIFIED CONSULTANT** \$439.00 Last 4 digits of account number Nonpriority Creditor's Name 10550 DEERWOOD PARK BLVD When was the debt incurred? 10/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **JACKSONVILLE** 32256 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: AT T **✓** No Yes **EXETER FINANCE CORP** 4.11 \$21,153.00 Last 4 digits of account number 1001 Nonpriority Creditor's Name When was the debt incurred? 8/1/2008 PO BOX 166097 Number As of the date you file, the claim is: Check all that apply. Contingent **IRVING** 75016 Texas Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 081 Automobile Is the claim subject to offset? Other. Specify \_\_\_ **✓** No Yes 4.12 Great American Finance \$0.00 Last 4 digits of account number 7451 Nonpriority Creditor's Name When was the debt incurred? 2/1/2008 20 N Wacker Dr, Ste 2275 Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago 60606 Illinois Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

No Yes

Is the claim subject to offset?

Other. Specify 012 InstallmentLoan

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 28 of 75

C Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 **HUNTER WARFIELD** \$647.00 Last 4 digits of account number Nonpriority Creditor's Name 4620 WOODLAND CORPORATE When was the debt incurred? 7/1/2013 Number As of the date you file, the claim is: Check all that apply. Contingent 33614 **TAMPA** Florida Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: AMC LLC **✓** No Yes I C SYSTEM INC 4.14 \$142.00 Last 4 digits of account number 0506 Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 3/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL Minnesota 55164 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 001 Collection; Collecting for **✓** ORIGINAL CREDITOR: SCHOOL **✓** No Other. Specify DISTRICT U-46 Yes 4.15 I C SYSTEM INC \$96.00 Last 4 digits of account number 9349 Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 3/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL 55164 Minnesota Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

No

Yes

Is the claim subject to offset?

**✓** 

Other. Specify \_\_\_

001 Collection; Collecting for

ORIGINAL CREDITOR: SCHOOL

DISTRICT U-46

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 29 of 75

C Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 LC SYSTEM INC \$96.00 Last 4 digits of account number 9370 Nonpriority Creditor's Name When was the debt incurred? 3/1/2016 PO BOX 64378 Number Street As of the date you file, the claim is: Check all that apply. Contingent <u>55</u>164 SAINT PAUL Minnesota Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 001 Collection; Collecting for **|** ORIGINAL CREDITOR: SCHOOL **✓** No Other. Specify **DISTRICT U-46** Yes KAY JEWELERS 4.17 \$1,363.00 Last 4 digits of account number 1049 Nonpriority Creditor's Name 375 GHENT RD When was the debt incurred? 9/1/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent **FAIRLAWN** Ohio 44333 Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Is the claim subject to offset? Other. Specify \_\_\_ **✓** No Yes 4.18 KOHLS/CAPONE \$500.00 Last 4 digits of account number 8139 Nonpriority Creditor's Name PO Box 30277 When was the debt incurred? 2/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent 84130 Salt Lake City Utah Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify \_\_\_\_\_

CreditCard

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 30 of 75

C Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Nicor - PO Box 5407 \$244.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 5407 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60197 Carol Stream Illinois Zip Code State City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset? **✓** No Yes Public Storage 4.20 \$300.00 Last 4 digits of account number \_\_ Nonpriority Creditor's Name When was the debt incurred? 6255 GA-85 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30274 Riverdale Georgia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes 4.21 **Quest Diagnostics** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2441 Reynolds Street Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Muskegon Michigan 49444 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unsecured

✓ No Yes

Is the claim subject to offset?

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 31 of 75

C Green Debtor 1 Shimeshia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 SYNCB/GAP \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. BOX 29116 When was the debt incurred? 5/1/2001 Number Street As of the date you file, the claim is: Check all that apply. Contingent SHAWNEE MISSIO 66201 Kansas Unliquidated Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify \_\_\_\_ CreditCard **✓** No Yes SYNCB/JCP 4.23 \$761.00 Last 4 digits of account number 9920 Nonpriority Creditor's Name When was the debt incurred? 6/1/2011 PO BOX 965007 Number As of the date you file, the claim is: Check all that apply. Contingent Orlando Florida 32896 Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Is the claim subject to offset? Other. Specify \_\_\_ **✓** No Yes 4.24 **VON MAUR** \$0.00 Last 4 digits of account number 1697 Nonpriority Creditor's Name 2/1/2011 6565 BRÁDY When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent DAVENPORT 52806 Iowa Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify \_\_\_\_\_

CreditCard

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 32 of 75

| Debtor  | Shimeshia First Name  | C<br>Middle Nar  |   | ireen<br>ast Name                              | Case number (if known) |             |  |  |
|---|---|------------------|---|--|------------------------|-------------|--|--|
| Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page |   |                  |   |  |                        |             |  |  |
|   | After listing any entries of  | on this page, nu | mber them beginr  | ning with 4.5, followed by                     | y 4.6, and so forth.   | Total claim |  |  |
|   | est Line Apartments onpriority Creditor's Name 700 Ontarioville Road 201A umber Street  |                  |   | Last 4 digits of acc When was the debt         |                        | \$0.00      |  |  |
|   | Hanover Park Illinois 60133 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt |                  | As of the date you file, the claim is: Check all that apply.  — Contingent                              |  |                        |             |  |  |
|   |   |                  | Unliquidated  |  |                        |             |  |  |
|   |   |                  | Zip Code  | Disputed  Type of NONPRIORITY unsecured claim: |                        |             |  |  |
|   |   |                  | Student loans   |  |                        |             |  |  |
|   |   |                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |                        |             |  |  |
|   |   |                  | Debts to pension or profit-sharing plans, and other similar   |  |                        |             |  |  |
|   |   |                  |   | debts  ✓ Other. Specify  Unsecured             |                        |             |  |  |
|   | Is the claim subject to offset?   |                  |   | • • • • • • • • • • • • • • • • • • •          | 00004.04               |             |  |  |
|   | <b>✓</b> No   |                  |   |  |                        |             |  |  |
|   | Yes   |                  |   |  |                        |             |  |  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 33 of 75

| btor 1 Shimeshia |   | C                | Green                | Case number <i>(if known)</i>  |  |  |
|------------------|---|------------------|----------------------|--|--|--|
| First Name       |   | Middle Name      | Last Name            |  |  |  |
| rt 3: List Other | rs to Be Notified A   | About a Debt Tha | at You Already Liste | ed   |  |  |
| collection agen  | ection agency is trying to collect from you for a debt y<br>lection agency here. Similarly, if you have more than o<br>ditors here. If you do not have additional persons to be |                  |                      | for a debt that you already listed in Parts 1 or 2. For example, if a one else, list the original creditor in Parts 1 or 2, then list the ny of the debts that you listed in Parts 1 or 2, list the additional debts in Parts 1 or 2, do not fill out or submit this page. |  |  |
| Name             | -   |                  |                      | On which entry in Part 1 or Part 2 did you list the original creditor?   |  |  |
| 661 Glenn Ave    | 1 Glenn Ave   |                  |                      | of (Check Part 1: Creditors with Priority Unsecured Claims   |  |  |
| Number Stre      | Street  |                  |                      | one):  Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |
| Wheeling         | Illinois  | 60090            | Last 4 digits of     | of account number 1049   |  |  |
| City             | State   | Zip Code         |                      |  |  |  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 34 of 75

Debtor 1 Shimeshia C Green Case number (if known)

| First Na                    | me Middle Name Last Name   |         |                                   |
|-----------------------------|--|---------|-----------------------------------|
| Part 4: Add th              | ne Amounts for Each Type of Unsecured Claim  |         |                                   |
|                             | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.                      | s for s | tatistical reporting purposes onl |
|                             |  |         | Total claims                      |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.  | 6a.     | \$0.00                            |
|                             | 6b. Taxes and certain other debts you owe the government   | 6b.     | \$200.00                          |
|                             | Claims for death or personal injury while you were intoxicated      Other. Add all other priority unsecured claims. Write that | 6c.     | \$0.00                            |
|                             |  | 6d.     | \$0.00                            |
|                             | amount here.  6e. Total. Add lines 6a through 6d.  |         | \$200.00                          |
|                             |  |         | Total claims                      |
|                             |  |         | \$0.00                            |
| Total claims from Part 2    | 6f. Student loans  | 6f.     | Ψ0.00                             |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims                    | 6g.     | \$0.00                            |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.     | \$0.00                            |
|                             | Other. Add all other nonpriority unsecured claims. Write that amount here.   | 6i.     | \$33,651.00                       |
|                             | 6j. Total. Add lines 6f through 6i.  | 6j.     | \$33,651.00                       |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 35 of 75

| Fill in this infor                      | mation to identify your ca | ase:        |                              |  |
|---|----------------------------|-------------|------------------------------|--|
| Debtor 1                                | Shimeshia                  | С           | Green                        |  |
|   | First Name                 | Middle Name | Last Name                    |  |
| Debtor 2                                |                            |             |                              |  |
| (Spouse, if filing)                     | First Name                 | Middle Name | Last Name                    |  |
| United States Bankruptcy Court for the: |                            | Northern    | District of Illinois (State) |  |
| Case number                             |                            |             |                              |  |

#### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or com    | pany with whom you have | e the contract or lease | State what the contract or lease is for                      |
|------------------|-------------------------|-------------------------|--|
| Jim Buck<br>Name |                         |                         | Residential Lease,<br>Debtor is Lessee,<br>Residential Lease |
| Number           | Street                  |                         |  |
| City             | State                   | Zip Code                |  |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 36 of 75

| Fill in this infor                           | mation to identify you    | r case:   |                                 |  |
|--|---------------------------|---|---------------------------------|--|
| Debtor 1                                     | Shimeshia                 | С   | Green                           |  |
|  | First Name                | Middle Name   | Last Name                       | <del>_</del>   |
| Debtor 2<br>(Spouse, if filing)              | First Name                | Middle Name   | Last Name                       |  |
|  | Bankruptcy Court for th   |   | District of Illinois            |  |
| Officed States E                             | sankruptcy Court for th   | e. Normem   | (State)                         | <del></del> -  |
| Case number (If known)                       |                           |   |                                 |  |
| <u> </u>                                     |                           |   |                                 | Check if this is an  |
| Ott: -; -1                                   | Tawa 1001                 |   |                                 | amended filing   |
| Omiciai                                      | Form 106F                 | <u>1</u><br>-   |                                 |  |
| Schedul                                      | e H: Your Co              | odebtors  |                                 | 12/15  |
| 1. Do you ha No Yes 2. Within the Idaho, Loo | e last 8 years, have y    | f you are filing a joint case, do  ou lived in a community pro  Mexico, Puerto Rico, Texas, W | operty state or territory? (C   | debtor.)  Sommunity property states and territories include Arizona, California,   |
|  | •                         | mer spouse, or legal equiva   | alent live with you at the time | 9?   |
|  | No<br>Yes. In which commu | unity state or territory did you  | u live?                         | Fill in the name and current address of that person.   |
|  | Name of your spous        | e, former spouse, or legal equ  | ivalent                         | _  |
|  | Number Street             |   |                                 | <u> </u>   |
|  | City                      | State   | Zip Code                        | <del>_</del>   |
| again as                                     | a codebtor only if tha    | t person is a guarantor or o  | osigner. Make sure you ha       | our spouse is filing with you. List the person shown in line 2 we listed the creditor on Schedule D (Official Form 106D), ale D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 37 of 75

|                               |   |  |                       | . ago <b>o</b> i    |                   |  |                  |
|-------------------------------|---|--|-----------------------|---------------------|-------------------|--|------------------|
| Fill in this ir               | nformation to identify                      | your case:   |                       |                     |                   |  |                  |
| Debtor 1                      | Shimeshia                                   | С  | Green                 |                     |                   |  |                  |
|                               | First Name                                  | Middle Name  | Last Na               | ame                 | — Che             | eck if this is:  |                  |
| Debtor 2                      | g) First Name                               | Middle Name  | Last Na               | amo                 | -   -             | An amended filing  |                  |
|                               |   |  |                       |                     |                   | A supplement showing post-pet                              | ition chapter 13 |
| United States the: Case numbe | s Bankruptcy Court for                      | Northern   | District of Illii     | nois<br>tate)       |                   | expenses as of the following dat                           |                  |
| (If known)                    |   |  |                       |                     | _                 | MM / DD / YYYY   |                  |
| Official                      | Form 106I                                   |  |                       |                     |                   |  |                  |
| Schedu                        | ıle I: Your In                              | come   |                       |                     |                   |  | 12/15            |
| spouse. If m<br>number (if k  | •   | , attach a separate she<br>y question.                     | •                     |                     |                   | not include information abo<br>ional pages, write your nam | -                |
| Fill in yo informat           | our employment                              |  | Debtor 1              |                     |                   | Debtor 2   |                  |
|                               |   | Employment status  | <b>✓</b> Emplo        | yed                 |                   | Employed   |                  |
| attach a s                    | ve more than one job,<br>separate page with |  | Not En                | nployed             |                   | Not Employed   |                  |
| information<br>employer       | on about additional<br>rs.                  | Occupation   | DSP                   |                     |                   | _  |                  |
|                               | oart time, seasonal, or<br>loyed work.      | Employer's name  | Helping Ha            | nd Center           |                   |  |                  |
|                               | ion may include student                     | Employer's address   | 9649 W. 5             |                     |                   | _  |                  |
|                               | maker, if it applies.                       |  | Number Str            | eet                 |                   | Number Street  |                  |
|                               |   |  |                       |                     |                   | _  |                  |
|                               |   |  | Countrysid            | e Illinois<br>State | 60525<br>Zip Code | - City   | Zin Codo         |
|                               |   |  | City                  | Glale               | Zip Code          | City State   | Zip Code         |
|                               |   | How long employed there?                                   |                       |                     |                   |  |                  |
| Part 2: Gi                    | ive Details About N                         | Monthly Income   |                       |                     |                   |  |                  |
|                               | nonthly income as of t                      | he date you file this form                                 | <b>n.</b> If you have | nothing to repo     | ort for any line, | write \$0 in the space. Include yo                         | ur non-filing    |
| If you or you                 | •   |  | combine the i         | nformation for      | all employers fo  | or that person on the lines below                          | . If you need    |
|                               |   |  |                       | For                 | Debtor 1          | For Debtor 2 or non-filing spouse                          |                  |
|                               |   | ary, and commissions (befo<br>, calculate what the monthly |                       | 2.                  | \$2,069.93        |  |                  |
| 3. Estima                     | ate and list monthly over                   | time pay.  |                       | 3.                  | + \$0.00          |  |                  |
| 4. Calcul                     | ate gross income. Add li                    | ne 2 + line 3.   |                       | 4.                  | \$2,069.93        |  |                  |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 38 of 75

| Debto                 | r 1Shimeshia<br>First Name             |   | ast Name     |          | Case number<br>known)  |                                   |       |                         |
|-----------------------|--|---|--------------|----------|------------------------|-----------------------------------|-------|-------------------------|
|                       | 7.101.101                              | made name   |              |          | For Debtor 1           | For Debtor 2 or non-filing spouse |       |                         |
| Сор                   | y line 4 here                          |   | <b>→</b> 4   |          | \$2,069.93             |                                   |       |                         |
| 5. List               | all payroll dedu                       |   |              |          |                        |                                   |       |                         |
| 5a.                   | Tax, Medicare,                         | and Social Security deductions  | 5            | a.       | \$517.49               |                                   |       |                         |
| 5b.                   | Mandatory con                          | tributions for retirement plans   | 5            | b.       | \$0.00                 |                                   |       |                         |
| 5c.                   | Voluntary contr                        | ibutions for retirement plans   | 5            | C.       | \$0.00                 |                                   |       |                         |
| 5d.                   | Required repay                         | ments of retirement fund loans  | 5            | d.       | \$0.00                 |                                   |       |                         |
| 5e.                   | Insurance                              |   | 5            | e.       | \$0.00                 |                                   |       |                         |
| 5f.                   | Domestic suppo                         | ort obligations   | 5            | f.       | \$0.00                 |                                   |       |                         |
| 5g.                   | Union dues                             |   | 5            | g.       | \$0.00                 |                                   |       |                         |
| 5h.                   | Other deduction                        | ns. Specify:  | _ 5          | h. +     | \$0.00 +               |                                   |       |                         |
| 6. <b>Add</b><br>+5h. | the payroll ded                        | <b>luctions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f   | + 5g 6       | -        | \$517.49               |                                   |       |                         |
| 7. Cald               | culate total mor                       | nthly take-home pay. Subtract line 6 from line  | 4. 7         | -        | \$1,552.44             |                                   |       |                         |
| 8. List               | all other incom                        | e regularly received:   |              |          |                        |                                   |       |                         |
|                       | business, profe                        | •   |              |          |                        |                                   |       |                         |
|                       |  | nt for each property and business showing rdinary and necessary business expenses, and ret income.  | 8            | a.       | \$0.00                 |                                   |       |                         |
|                       | Interest and div                       |   | 8            | b.       | \$0.00                 |                                   |       |                         |
|                       | Family support dependent regu          | payments that you, a non-filing spouse, or a  | a            |          |                        |                                   |       |                         |
|                       |  | spousal support, child support, maintenance, nt, and property settlement.   | 8            | C.       | \$0.00                 |                                   |       |                         |
| 8d.                   | Unemployment                           | compensation  | 8            | d.       | \$0.00                 |                                   |       |                         |
| 8e.                   | Social Security                        |   | 8            | e.       | \$0.00                 | - <u></u> -                       |       |                         |
|                       | Include cash assi<br>cash assistance t | ent assistance that you regularly receive istance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or is |              | f.       | \$0.00                 |                                   |       |                         |
| 8a.                   | Pension or reti                        | rement income   |              | g.       | \$0.00                 |                                   |       |                         |
|                       |  | income. Specify:  |              | h. +     | \$0.00 +               |                                   |       |                         |
|                       | -                                      | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  | - 8h. 9      | . [      | \$0.00                 |                                   |       |                         |
|                       |  | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing sp   |              | 0.       | \$1,552.44 +           |                                   | =     | \$1,552.44              |
| Incl<br>frier         | ude contributions<br>nds or relatives. | ular contributions to the expenses that you<br>s from an unmarried partner, members of your<br>amounts already included in lines 2-10 or amou                                   | household    | , your o | dependents, your roomn |                                   |       |                         |
| Spe                   | ecify:                                 |   |              |          |                        |                                   | 11. + | \$0.00                  |
|                       |  | the last column of line 10 to the amount in the Summary of Schedules and Statistical Sur  |              |          |                        |                                   | 12.   | \$2,740.77              |
|                       |  |   |              |          | _                      |                                   |       | Combined monthly income |
| 13. <b>Do</b>         | you expect an i                        | increase or decrease within the year after y  | ou file this | s form   | ?                      |                                   |       |                         |
| _<br>_                | Yes. Explain:                          | Debtor is in the process of applying for SSI su   | urvivor ben  | efits fo | her daughter.          |                                   |       |                         |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 39 of 75

| Debtor 1Shimeshia         | С                 | Green    |          | Case number (if        |       |          |   |
|---------------------------|-------------------|----------|----------|------------------------|-------|----------|---|
| First Name                | Middle Name       | Last Nam | ne       | known)                 |       |          |   |
| Part 1: Describe Employme | ent               |          |          |                        |       |          |   |
|                           | Debtor 1          |          |          | Debtor 2               |       |          |   |
| Employment status         | Employed          | 4        |          | Employed  Not Employed |       |          |   |
|                           | Not Employed      | ı        |          | I Not Employed         |       |          |   |
| Occupation                |                   |          |          |                        |       |          |   |
| Employer's name           | All Trust Home Ca | are      |          |                        |       |          |   |
| Employer's address        | 930 N York Rd     |          |          |                        |       |          |   |
|                           | Number Street     |          |          | Number Street          |       |          | _ |
|                           |                   |          |          |                        |       |          | _ |
|                           | Hinsdale          | Illinois | 60521    |                        |       |          | _ |
|                           | City              | State    | Zip Code | City                   | State | Zip Code |   |
| How long employed there?  |                   |          |          |                        | _     |          |   |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 40 of 75

Debtor 1 Shimeshia C Green Case number (if known)

Part 2: Give Details About Monthly Income

For Debtor 1 For Debtor 2 or non-filing spouse

8h.Other monthly income. Specify:

\$1,188.33

1. All Trust Home Care

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 41 of 75

|                                 |                                      |                                   | Doci                     | ıment Page   | 41 of 75        |                               |                 |                            |
|---------------------------------|--------------------------------------|-----------------------------------|--------------------------|--|-----------------|-------------------------------|-----------------|----------------------------|
| Fill in this infor              | mation to identify                   | your case:                        |                          |  |                 |                               |                 |                            |
| Debtor 1                        | Shimeshia                            | С                                 |                          | Green  |                 |                               |                 |                            |
|                                 | First Name                           | Mid                               | dle Name                 | Last Name  |                 | Check if this is:             |                 |                            |
| Debtor 2                        |                                      |                                   |                          |  |                 | An amended fili               | 20              |                            |
| (Spouse, if filing)             | First Name                           | Mid                               | dle Name                 | Last Name  |                 | All alliended lilli           | ig              |                            |
| United States E                 | Bankruptcy Court                     | for the: Northern                 |                          | District of Illinois (State)                       |                 | A supplement s expenses as of |                 | -petition chapter 13 date: |
| Case number<br>(If known)       |                                      |                                   |                          |  |                 | MM / DD / YYY                 | <u> </u>        |                            |
| Official                        | Form 10                              | <u>6J</u>                         |                          |  |                 |                               |                 |                            |
| Schedul                         | e J: Your                            | Expenses                          |                          |  |                 |                               |                 | 12/1                       |
| information. If (if known). Ans | more space is no<br>wer every questi | eeded, attach anoth<br>ion.       |                          | re filing together, bot<br>s form. On the top of a |                 |                               |                 |                            |
|                                 | cribe Your Ho                        | usehold                           |                          |  |                 |                               |                 |                            |
| 1. Is this a joi                | o to line 2                          |                                   |                          |  |                 |                               |                 |                            |
|                                 |                                      | e in a separate hous              | ehold?                   |  |                 |                               |                 |                            |
|                                 | ¬ No                                 | и сориние поис                    |                          |  |                 |                               |                 |                            |
|                                 |                                      | must file Official Form           | ıs 106J-2, <i>Expe</i> i | nses for Separate House                            | ehold of Debtor | 2.                            |                 |                            |
| 2 Do you bay                    | a dependents?                        | □ No                              |                          | <u> </u>   |                 |                               |                 |                            |
|                                 | e dependents?                        | No                                |                          |  |                 |                               |                 |                            |
| Do not list Debtor 2.           | ebtor 1 and                          | Yes. Fill out this each dependent |                          | Dependent's relation                               | •               | Dependent's                   | -               | pendent live               |
| Debtor 2.                       |                                      | each dependent                    |                          | Debtor 1 or Debtor                                 | 2               | age                           | with you'       | f                          |
|                                 |                                      |                                   |                          | Child  |                 |                               |                 |                            |
|                                 |                                      |                                   |                          |  |                 |                               | Yes.            |                            |
|                                 |                                      |                                   |                          | Child  |                 |                               | ☐ No.<br>✓ Yes. |                            |
|                                 |                                      |                                   |                          | Obital   |                 |                               | Yes.  No.       |                            |
|                                 |                                      |                                   |                          | Child  |                 | -                             | ✓ Yes.          |                            |
|                                 | enses include                        |                                   |                          |  |                 |                               |                 |                            |
| expenses o<br>than              | f people other                       | <b>✓</b> No                       |                          |  |                 |                               |                 |                            |
| yourself and                    | -                                    | Yes                               |                          |  |                 |                               |                 |                            |
| Part 2: <b>Esti</b>             | mate Your One                        | going Monthly Exp                 | oenses                   |  |                 |                               |                 |                            |
|                                 |                                      |                                   |                          |  |                 |                               |                 |                            |
|                                 | of a date after th                   |                                   |                          | you are using this forn<br>oplemental Schedule 、   |                 |                               |                 |                            |
|                                 | •                                    | -                                 |                          | if you know the value<br>e (Official Form B 106I   |                 |                               |                 | Your expenses              |
|                                 | or home owner or the ground or lo    |                                   | ur residence. I          | nclude first mortgage pa                           | ayments and     |                               | 4.              | \$1,200.00                 |
| If not incl                     | uded in line 4:                      |                                   |                          |  |                 |                               |                 |                            |
| 4a. Real e                      | state taxes                          |                                   |                          |  |                 |                               | 4a              | \$0.00                     |

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$11.00

\$0.00

\$0.00

4b.

4c.

4d.

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 42 of 75

Debtor 1 Shimeshia C Green Case number (if known)
First Name Middle Name Last Name

| First Name  | Middle Name                      | Last Name                                   |     |               |
|---|----------------------------------|---|-----|---------------|
|   |                                  |   |     | Your expenses |
| 5. Additional mortgage payments f   | or your residence, such as       | home equity loans                           | 5.  | \$0.00        |
| 6. Utilities:   |                                  |   |     |               |
| 6a. Electricity, heat, natural gas  |                                  |   | 6a. | \$220.00      |
| 6b. Water, sewer, garbage collection                                      | on                               |   | 6b. | \$50.00       |
| 6c. Telephone, cell phone, Interne  | t, satellite, and cable services |   | 6c. | \$120.00      |
| 6d. Other. Specify:   |                                  |   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 3                                |   | 7.  | \$500.00      |
| 8. Childcare and children's educat  | ion costs                        |   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry clean                                       | ing                              |   | 9.  | \$100.00      |
| 10. Personal care products and se   | rvices                           |   | 10. | \$125.00      |
| 11. Medical and dental expenses   |                                  |   | 11. | \$100.00      |
| 12. <b>Transportation.</b> Include gas, ma<br>Do not include car payments | intenance, bus or train fare.    |   | 12. | \$220.00      |
| 13. Entertainment, clubs, recreation                                      | on, newspapers, magazines        | s, and books                                | 13. | \$100.00      |
| 14. Charitable contributions and re                                       | eligious donations               |   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted                   | d from your pay or included i    | in lines 4 or 20.                           |     |               |
| 15a. Life insurance   |                                  |   | 15a | \$0.00        |
| 15b. Health insurance   |                                  |   | 15b | \$0.00        |
| 15c. Vehicle insurance  |                                  |   | 15c | \$0.00        |
| 15d. Other insurance. Specify:  |                                  |   | 15d | \$0.00        |
| 16. Taxes. Do not include taxes dedu                                      | cted from your pay or includ     | led in lines 4 or 20.                       |     |               |
| Specify:  |                                  |   | 16  | \$0.00        |
| 17. Installment or lease payments:  |                                  |   | 10  |               |
| 17a. Car payments for Vehicle 1   |                                  |   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   |                                  |   | 17b | \$0.00        |
| 17c. Other. Specify:  |                                  |   | 17c | \$0.00        |
| 17d. Other. Specify:  |                                  |   | 17d | \$0.00        |
| 18. Your payments of alimony, mai   | ntenance, and support tha        | it you did not report as deducted from      |     | \$0.00        |
| your pay on line 5, Schedule I,   | Your Income (Official Forn       | n 106l).                                    | 18. |               |
| 19.Other payments you make to su  | pport others who do not li       | ve with you.                                |     |               |
| Specify:  |                                  |   | 19. | \$0.00        |
|   | ot included in lines 4 or 5 o    | of this form or on Schedule I: Your Income. | 22  | <b>**</b>     |
| 20a. Mortgages on other property  |                                  |   | 20a | \$0.00        |
| 20b. Real estate taxes.   | ntorio ingurono-                 |   | 20b | \$0.00        |
| 20c. Property, homeowner's, or re   |                                  |   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upk   |                                  |   | 20d | \$0.00        |
| 20e. Homeowner's association or   | condominium dues                 |   | 20e | \$0.00        |

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 43 of 75

| Debtor 1 Shim         |   | С                   | Green       | Case number (if known) |     |            |
|-----------------------|---|---------------------|-------------|------------------------|-----|------------|
| First I               | Name  | Middle Name         | Last Name   |                        |     |            |
| 21. <b>Other.</b> Spe | cify:   |                     |             |                        | 21  | \$0.00     |
|                       |   |                     |             |                        |     |            |
|                       | your monthly expenses.                                  |                     |             |                        |     | \$2,746.00 |
|                       | nes 4 through 21.                                       |                     |             |                        |     | \$0.00     |
| . ,                   | line 22 (monthly expenses                               | ,,                  |             |                        |     | \$2,746.00 |
| 22c. Add lir          | ne 22a and 22b. The result                              | is your monthly exp | enses.      |                        | 22. |            |
| 23. Calculate         | your monthly net income                                 | •                   |             |                        |     |            |
| 23a. Copy             | line 12 (your combined mo                               | onthly income) from | Schedule I. |                        | 23a | \$2,740.77 |
| 23b. Copy             | your monthly expenses fro                               | m line 22 above.    |             |                        | 23b | \$2,746.00 |
|                       | act your monthly expenses                               |                     | ncome.      |                        |     | (\$5.23)   |
| The re                | esult is your monthly net in                            | come.               |             |                        | 23c |            |
|                       | ole, do you expect to finish payment to increase or dec |                     |             |                        |     |            |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 44 of 75

| Fill in this infor     | mation to identify your c | ase:        |   |
|------------------------|---------------------------|-------------|---|
| Debtor 1               | Shimeshia                 | С           | Green                                   |
|                        | First Name                | Middle Name | Last Name                               |
| Debtor 2               |                           |             |   |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name                               |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois (State)            |
| Case number (If known) |                           |             | (************************************** |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |
|-----|--|---|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill out bankruptcy forms?   |  |
|     | ✓ No   |   |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |
|     |  |   |  |
|     |  |   |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |
| x   | /s/ Shimeshia Green  | <b>x</b>  |  |
| -   | Signature of Debtor 1  | Signature of Debtor 2   |  |
|     | Date 12/5/2016   | Date  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 45 of 75

| Fill in this infor        | mation to identify your c | ase:        |                              |   |
|---------------------------|---------------------------|-------------|------------------------------|---|
| Debtor 1                  | Shimeshia                 | С           | Green                        |   |
| Debtor 2                  | First Name                | Middle Name | Last Name                    | Check if this is:   |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    | An amended filing   |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois (State) | A supplement showing post-petition cha expenses as of the following date: |
| Case number<br>(If known) |                           |             |                              | MM / DD / YYYY  |

#### Official Form 106J-2

#### Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:  | Describe Your Household                    |
|----------|--|
| 1.Do you | and Debtor 1 maintain separate households? |
| □ N      | o. Do not complete this form.              |
| ☐ Y      | es.  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 46 of 75

| Fill ir         | n this in               | formation to identify you  | r case:                              |                           |                    |                  |                   |                                   |
|-----------------|-------------------------|--|--------------------------------------|---------------------------|--------------------|------------------|-------------------|-----------------------------------|
| Debt            | tor 1                   | Shimeshia<br>First Name  | C<br>Middle                          | Greer Name Last N         |                    | _                |                   |                                   |
| Debt<br>(Spot   | tor 2<br>use, if filing | g) First Name  | Middle                               | Name Last N               | Name               | _                |                   |                                   |
| Unite           | ed State                | s Bankruptcy Court for th  | e: Northern                          | District of I             |                    | _                |                   |                                   |
| Case<br>(If kno | e numbe                 | er   |                                      | (                         | State)             | _                |                   |                                   |
| Of              | ficia                   | l Form 107   |                                      |                           |                    |                  |                   | Check if this is a amended filing |
|                 |                         | ent of Financ  | ial Affairs 1                        | or Individual             | s Filina fo        | or Bankru        | ptcv              | 12/1:                             |
| Be as           | s comp<br>mation        | olete and accurate as<br>n. If more space is nee<br>known). Answer every                     | possible. If two meded, attach a sep | narried people are fili   | ng together, bo    | th are equally i | responsible for s |                                   |
| Part            | 1: Gi                   | ive Details About Yo   | ur Marital Status                    | and Where You Liv         | ved Before         |                  |                   |                                   |
| 1.              | What                    | is your current marital  | status?                              |                           |                    |                  |                   |                                   |
|                 |                         | Married<br>Not married   |                                      |                           |                    |                  |                   |                                   |
| 2.              | Durin                   | g the last 3 years, have   | you lived anywher                    | e other than where yo     | u live now?        |                  |                   |                                   |
|                 | Ľ.                      | No<br>/es. List all of the places  | you lived in the las                 | st 3 years. Do not inclu  | de where you live  | e now.           |                   |                                   |
|                 | C                       | Debtor 1:  |                                      | Dates Debtor 1 live there | Debtor 2:          |                  |                   | Dates Debtor 2 lived there        |
|                 |                         |  |                                      |                           | Same               | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | N                       | Number Street  |                                      | From                      | Number S           | treet            |                   | From<br>To                        |
|                 | 7                       | City State   | Zip Code                             |                           | City               | State            | Zip Code          |                                   |
|                 |                         |  |                                      |                           | Same               | as Debtor 1      |                   | Same as Debtor 1                  |
|                 | <u></u>                 | Number Street  |                                      | From                      | Number S           | treet            |                   | From<br>To                        |
|                 | ō                       | City State   | Zip Code                             |                           | City               | State            | Zip Code          |                                   |
| 3.              | and terr                | the last 8 years, did you<br>ritories include Arizona, Ca<br>o<br>es. Make sure you fill out | alifornia, Idaho, Loui               | siana, Nevada, New Mex    | kico, Puerto Rico, |                  |                   |                                   |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 47 of 75

Case number (if known)

Green

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$41928.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$47575.00 For last calendar year: commissions, commissions, 2015 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$35000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015 Est. Child support \$4,800.00 For the calendar year before that: (January 1 to December 31, 2014

Debtor 1 Shimeshia

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 48 of 75

Debtor 1 Shimeshia Green Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 49 of 75

| tor 1                 | Shimeshia                               |  | С   |  | een  | Case number                                 | (if known)   |
|-----------------------|---|--|---|--|--|---|--|
|                       | First Name                              |  | Middle Name   | Las                                    | t Name                                       |   |  |
| Insid<br>corp<br>agei | ders include your<br>oorations of which | relatives; a<br>n you are a<br>for a busin | ny general partners<br>n officer, director,<br>ess you operate as | s; relatives of any person in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider?  you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>              | No                                      |  |   |  |  |   |  |
|                       | Yes. List all pay                       | ments to a                                 | an insider.   |  |  |   |  |
|                       |   |  |   | Dates of payment                       | Total amount paid                            | Amount you still owe                        | Reason for this payment  |
|                       | Insider's Name                          |  |   |  |  |   |  |
|                       | Number Street                           |  |   |  |  |   |  |
|                       | City                                    | State                                      | Zip Code  |  |  |   |  |
|                       | Insider's Name                          |  |   |  |  |   |  |
|                       | Number Street                           |  |   |  |  |   |  |
|                       | City                                    | State                                      | Zip Code  |  |  |   |  |
| insi                  | der?                                    |  | for bankruptcy, or  |  | / payments or trans                          | fer any property o                          | on account of a debt that benefited an   |
| <b>✓</b>              | No<br>Ves List all nav                  | ments tha                                  | t benefited an ins  | ider                                   |  |   |  |
|                       | roo. Liot all pay                       |  | t borromod arr inc  | Dates of payment                       | Total amount paid                            | Amount you still owe                        | Reason for this payment  |
|                       |   |  |   |  |  |   | Include creditor's name  |
|                       | Insider's Name                          |  |   |  |  |   |  |
|                       | Number Street                           |  |   |  |  |   |  |
|                       | City                                    | State                                      | Zip Code  |  |  |   |  |
|                       |   |  |   |  |  |   |  |
|                       | Insider's Name                          |  |   |  |  |   |  |
|                       | Number Street                           |  |   |  |  |   |  |
|                       | City                                    | State                                      | Zip Code  |  |  |   |  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 50 of 75

Case number (if known)

Green

Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Contract Cook County Circuit Court Pending Sterling Jewelers v. Green Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded 2016-M3-006565 Illinois 60602 Chicago City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

Debtor 1 Shimeshia

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 51 of 75

| Debt | tor 1 Shimeshia First Name | C<br>Middle Name  | Green<br>Last Name          | Case number (if known)                        |                       |
|------|----------------------------|---|-----------------------------|---|-----------------------|
|      | First Name                 | Miladie Name  | Last Name                   |   |                       |
| 11.  |                            | ore you filed for bankruptcy, did<br>to make a payment because yo       |                             | oank or financial institution, set off any am | ounts from your       |
|      | ✓ No  Yes. Fill in the o   | details.  |                             |   |                       |
|      |                            |   | Describe the action th      | e creditor took Date action was taken         | Amount                |
|      | Creditor's Name            | 9   |                             |   |                       |
|      | Number Street              |   |                             |   |                       |
|      |                            |   | Last 4 digits of account    | number: XXXX-                                 |                       |
|      | City                       | State Zip Code  |                             |   |                       |
| 12.  |                            | e you filed for bankruptcy, was a<br>, a custodian, or another official |                             | possession of an assignee for the benefit o   | f creditors, a court- |
|      | ✓ No ✓ Yes                 |   |                             |   |                       |
| Part | List Certain G             | aifts and Contributions   |                             |   |                       |
| 13.  | Within 2 years befo        | ore you filed for bankruptcy, did                                       | you give any gifts with a t | otal value of more than \$600 per person?     |                       |
|      | ✓ No ☐ Yes. Fill in the    | details for each gift.  |                             |   |                       |
|      | Gifts with a tol           | tal value of more than \$600  | Describe the gifts          | Dates you gave the gifts                      | Value                 |
|      |                            |   |                             |   |                       |
|      | Person to Whon             | n You Gave the Gift   |                             |   |                       |
|      | Number Street              |   |                             |   |                       |
|      | City Person's relation     | State Zip Code  |                             |   |                       |
|      |                            |   |                             |   |                       |
|      | Person to Whon             | n You Gave the Gift   |                             |   | -                     |
|      | Number Street              |   |                             |   |                       |
|      | City                       | State Zip Code  |                             |   |                       |
|      | Person's relation          |   |                             |   |                       |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 52 of 75

| ebtor 1 | Shimeshia  | С  | Green Case number   | r (if known)  |                        |
|---------|--|--|---|---|------------------------|
|         | First Name   | Middle Name  | Last Name   |   |                        |
|         |  |  |   |   |                        |
| . Wi    | thin 2 years before you fil  | ed for bankruptcy, did   | you give any gifts or contributions with a total  | value of more than \$600                            | to any charity?        |
|         | No   |  |   |   |                        |
|         |  |  |   |   |                        |
|         | Yes. Fill in the details for   | each gift or contributi  | on.   |   |                        |
|         | Gifts or contributions t   | charities  | Describe what you contributed   | Date you  | Value                  |
|         | that total more than \$6   |  | 2000 , 0 0 00   | contributed   |                        |
|         |  |  |   |   |                        |
|         |  |  | _   |   | -                      |
|         | Charity's Name   |  |   |   |                        |
|         |  |  | _   |   |                        |
|         |  |  |   |   |                        |
|         | Number Street  |  | -   |   |                        |
|         |  |  |   |   |                        |
|         | City State   | Zip Code   | -   |   |                        |
|         | ,  | r  |   |   |                        |
| rt 6·   | List Certain Losses  |  |   |   |                        |
| gai     | mbling?   No<br>  Yes. Fill in the details.  |  |   |   |                        |
|         | Describe the property y how the loss occurred  | ou lost and  | Describe any insurance coverage for the lo Include the amount that insurance has paid. Li                               | ist <b>loss</b>                                     | Value of property lost |
|         |  |  | pending insurance claims on line 33 of <i>Schedu</i>  | ule   |                        |
|         |  |  | A/B: Property.  |   |                        |
|         |  |  |   |   |                        |
|         |  |  |   |   |                        |
| Wit     | out seeking bankruptcy o   | d for bankruptcy, did y<br>r preparing a bankrup   |   |   | anyone you consulte    |
| . Wit   | thin 1 year before you file<br>out seeking bankruptcy o  | d for bankruptcy, did y<br>r preparing a bankrup   |   |   | anyone you consulte    |
| i. Wit  | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru<br>No  | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition?   |   | anyone you consulte    |
| . Wit   | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru  | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  | your bankruptcy.                                    |                        |
| . Wit   | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru<br>No  | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property             | your bankruptcy.  Date payment                      | Amount of              |
| . Wit   | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru<br>No  | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  | your bankruptcy.  Date payment or transfer          |                        |
| Wit     | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru<br>No<br>Yes. Fill in the details.   | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
| Wit     | thin 1 year before you file<br>but seeking bankruptcy of<br>lude any attorneys, bankrup<br>No<br>Yes. Fill in the details.   | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property             | your bankruptcy.  Date payment or transfer          | Amount of              |
| Wit     | thin 1 year before you file<br>out seeking bankruptcy o<br>lude any attorneys, bankru<br>No<br>Yes. Fill in the details.   | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
| Wit     | thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankrupted in the details.  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road   | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
| Wit     | thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
| . Wit   | thin 1 year before you file out seeking bankruptcy of lude any attorneys, bankrupted in the lude any attorneys, bankrupted in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street  | d for bankruptcy, did y<br>r preparing a bankrup   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
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| i. Wit  | thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankrupt of lude any attorneys of lude and lude any attorneys of lude any attorneys, bankrupt  | d for bankruptcy, did yr preparing a bankrup<br>otcy petition preparers, of<br>a 60173<br>Zip Code   | tcy petition? or credit counseling agencies for services required in  Description and value of any property transferred | your bankruptcy.  Date payment or transfer was made | Amount of payment      |
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### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 53 of 75

| Jeptor   | Shimeshia  | C                           | Green   | Case number (if kno        | wn)  |                            |
|----------|--|-----------------------------|---|----------------------------|--|----------------------------|
|          | First Name   | Middle Name                 | Last Name                                     |                            |  |                            |
| he       | thin 1 year before you file<br>Ip you deal with your cree<br>not include any payment o | ditors or to make paym      |   | your behalf pay or transf  | fer any property to a                        | nyone who promised to      |
| <b>∠</b> | No Yes. Fill in the details.   |                             |   |                            |  |                            |
| _        |  |                             | Description and value of                      | any property               | Date   | Amount of payment          |
|          |  |                             | transferred                                   |                            | payment or<br>transfer was<br>made           |                            |
|          | Person Who Was Paid  |                             | -   |                            |  |                            |
|          | Number Street  |                             | -   |                            |  |                            |
|          |  |                             | <u>.</u>                                      |                            |  |                            |
|          | City State   | Zip Code                    |   |                            |  |                            |
| an       | d transfers that you have all  No Yes. Fill in the details.                            | ready listed on this stater | ment.   |                            |  |                            |
|          |  |                             | Description and value of property transferred |                            | any property or<br>received or debts p<br>ge | Date aid transfer was made |
|          | Person Who Received Tr   | ansfer                      | -   |                            |  |                            |
|          | Number Street  |                             | -<br>-  |                            |  |                            |
|          | City State<br>Person's relationship to y   | •                           | -   |                            |  |                            |
|          | Person Who Received Tr   | ansfer                      | -   |                            |  |                            |
|          | Number Street  |                             | ·   |                            |  |                            |
|          | City State<br>Person's relationship to y   | •                           | -   |                            |  |                            |
| be       | thin 10 years before you neficiary?  |                             | d you transfer any property to                | a self-settled trust or s  | imilar device of whi                         | ch you are a               |
| <u>✓</u> | <b>.</b>   |                             |   |                            |  |                            |
|          |  |                             | Description and value of                      | of the property transferre | ed   | Date transfer was made     |
|          | Name of trust  |                             |   |                            |  |                            |

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 54 of 75

Debtor 1 Shimeshia Green \_ Case number (if known) Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number

City

State

State

Zip Code

City

Zip Code

#### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 55 of 75

Green Debtor 1 Shimeshia \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 56 of 75

| Deb  |          | Shimeshia                  |                | С                                  | Gr                     | een          | Case                                     | e number <i>(it</i> | known)        |                  |                                  |
|------|----------|----------------------------|----------------|------------------------------------|------------------------|--------------|--|---------------------|---------------|------------------|----------------------------------|
|      |          | First Name                 |                | Middle Name                        | Las                    | t Name       |  |                     |               |                  |                                  |
| 26.  | Hav      | e you been a part          | y in any judic | cial or adminis                    | trative proce          | eding under  | any environmen                           | tal law? In         | clude settler | nents and orde   | ers.                             |
|      |          | No<br>Yes. Fill in the det | tails.         |                                    |                        |              |  |                     |               |                  |                                  |
|      |          |                            |                |                                    | Court or age           | ency         |  | Nature o            | of the case   |                  | Status of the case               |
|      |          | Case title                 |                |                                    |                        |              | _  |                     |               |                  | Pending                          |
|      |          |                            |                |                                    | Court Name NumberStree | <u></u>      |  |                     |               |                  | On appeal                        |
|      |          | Case number                |                |                                    |                        |              | 7'- 0-1-                                 |                     |               |                  | Concluded                        |
| Pari | 111:     | Give Details Al            | oout Vour F    | Rusiness or C                      | City                   | State        | Zip Code                                 |                     |               |                  |                                  |
|      |          |                            |                |                                    |                        |              |  | following o         | onnoctions t  | a any business   | 2                                |
| 21.  | Witi     | nin 4 years before         |                |                                    | _                      |              | activity, either fu                      | _                   |               | o any business   | 6 <b>f</b>                       |
|      |          |                            |                |                                    | -                      |              | activity, etitler it<br>irtnership (LLP) | ull-ull le Or p     | oai t-ui ne   |                  |                                  |
|      |          | A partner in a             | -              |                                    | . ,                    |              |  |                     |               |                  |                                  |
|      |          | _                          |                | inaging execut<br>of the voting or | -                      |              | ooration                                 |                     |               |                  |                                  |
|      | <b>\</b> | No. None of the a          |                |                                    |                        | •            |  |                     |               |                  |                                  |
|      |          | Yes. Check all tha         |                |                                    |                        | w for each b | ousiness.                                |                     |               |                  |                                  |
|      |          |                            |                |                                    | Descr                  | ibe the natu | re of the busine                         | ss                  |               |                  | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                                    |                        |              |  |                     | EIN:          |                  |                                  |
|      |          | Number Street              |                |                                    | _                      | _            |  |                     | Dates busi    | ness existed     |                                  |
|      |          | City                       | State          | Zip Code                           | Name                   | of accounta  | ant or bookkeep                          | er                  | From          | То               |                                  |
|      |          |                            |                |                                    |                        |              |  |                     |               |                  |                                  |
|      |          |                            |                |                                    | Descr                  | ibe the natu | re of the busine                         | ss                  |               |                  | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                                    |                        |              |  |                     | EIN:          |                  |                                  |
|      |          | Number Street              |                |                                    | _                      | _            |  |                     | Dates busi    | ness existed     |                                  |
|      |          | City                       | State          | Zip Code                           | Name                   | of accounta  | ant or bookkeep                          | er                  | From          | То               |                                  |
|      |          |                            |                |                                    |                        |              |  |                     |               |                  |                                  |
|      |          |                            |                |                                    | Decem                  | iha tha wati | of the husine                            |                     | Empleyer      | doublificables w | www.Do.not                       |
|      |          |                            |                |                                    | Descr                  | ibe the natu | re of the busine                         | SS                  |               |                  | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                                    |                        |              |  |                     | EIN:          |                  |                                  |
|      |          | Number Street              |                |                                    | — Name                 | of account:  | ant or bookkeep                          | <b>Ar</b>           | Dates busi    | ness existed     |                                  |
|      |          | City                       | State          | Zip Code                           |                        | 2. Loodante  | C. Doornoop                              |                     | From          | То               |                                  |
|      |          |                            |                |                                    |                        |              |  |                     |               |                  |                                  |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 57 of 75

| Deb  | tor 1 Shimeshia                     |                     | С                    | Green                         | Case number (if known)   |
|------|-------------------------------------|---------------------|----------------------|-------------------------------|--|
|      | First Name                          |                     | Middle Name          | Last Name                     |  |
| 28.  | Within 2 years creditors, or of     |                     | r bankruptcy, did y  | ou give a financial staten    | ent to anyone about your business? Include all financial institutions,   |
|      | Yes. Fill in                        | the details below.  |                      |                               |  |
|      | <del></del>                         |                     |                      | Date issued                   |  |
|      | Name                                |                     |                      | MM/DD/YYYY                    | _  |
|      | Number                              | Stroot              |                      | <u> </u>                      |  |
|      | Nullibei                            | Ollect              |                      |                               |  |
|      | City                                | State               | Zip Code             | <del>_</del>                  |  |
| Part | t 12: Sign Bel                      | ow                  |                      |                               |  |
| 1    | true and correct<br>a bankruptcy ca | i. I understand tha | t making a false sta | atement, concealing prop      | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | ×                                   | /s/ Shimeshia (     | Green                |                               | ×  |
|      |                                     | Signature of Debto  | r 1                  |                               | Signature of Debtor 2  |
|      |                                     | Date 12/5/2016      |                      |                               | Date   |
| I    | Did you attach a  ✓ No  Yes         | dditional pages to  | Your Statement of    | f Financial Affairs for Indiv | riduals Filing for Bankruptcy (Official Form 107)?   |
| ı    | Did you pay or a                    | gree to pay somed   | ne who is not an a   | ttorney to help you fill out  | bankruptcy forms?  |
|      | ✓ No                                |                     |                      |                               |  |
|      | Yes. Name o                         | t person            |                      |                               | Attach the Bankruptcy Petition Preparer's Notice,  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 58 of 75

| Fill in this information to identify your case: |            |             |                              |  |
|---|------------|-------------|------------------------------|--|
| Debtor 1  | Shimeshia  | С           | Green                        |  |
|   | First Name | Middle Name | Last Name                    |  |
| Debtor 2  |            |             |                              |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |
| Case number (If known)                          |            |             |                              |  |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 59 of 75

| Debtor           | Shimeshia                    | С  | Green                   | Case number (              | if  |  |  |
|------------------|------------------------------|--|-------------------------|----------------------------|---|--|--|
| 1                | First Name                   | Middle Name  | Last Name               | known)                     |   |  |  |
| Part 2:          | List Your Unexpired Pers     | onal Property Leases                                     | <b>S</b>                |                            |   |  |  |
| For any informat | unexpired personal property  | lease that you listed in State leases. Unexpired leases. | Schedule G: Executory ( | re still in effect; the le | ed Leases (Official Form 106G), fill in the ase period has not yet ended. You may |  |  |
| Des              | cribe your unexpired persona | Il property leases                                       |                         |                            | Will the lease be assumed?  |  |  |
| Less             | sor's name:                  |  |                         |                            | ☐ No<br>☐ Yes   |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | □ No □ Yes  |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | ☐ No<br>☐ Yes   |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | □ No<br>□ Yes   |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | □ No □ Yes  |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | □ No □ Yes  |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Less             | sor's name:                  |  |                         |                            | ☐ No<br>☐ Yes   |  |  |
|                  | cription of leased<br>perty: |  |                         |                            |   |  |  |
| Part 2           | Sign Below                   |  |                         |                            |   |  |  |
| Unde             | _                            |  | y intention about any p | roperty of my estate th    | nat secures a debt and any personal   |  |  |
|                  |                              |  |                         |                            |   |  |  |
| * /              | s/ Shimeshia Green           |  | ×                       |                            |   |  |  |
| Sig              | gnature of Debtor 1          |  | Sign                    | ature of Debtor 1          |   |  |  |
| Da               | ate 12/5/2016<br>MM/DD/YYYY  |  | Date                    | MM/DD/YYYY                 |   |  |  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 60 of 75

B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re    | Shimeshia C Green   | Northern Distric   | Case No.  |   |
|----------|---|--|---|---|
|          | Debtor  |  |   | (If known)  |
|          |   |  | Chapter   | Chapter 7   |
| 1. Pursi | DISCLOSURE OF Consumer to 11 U.S.C. § 329(a) and Fed. pensation paid to me within one year                        | . Bankr. P. 2016(b), I certif<br>ar before the filing of the p | ry that I am the attorney for the abo<br>betition in bankruptcy, or agreed to | ovenamed debtor(s) and that<br>to be paid to me, for services |
|          | ered or to be rendered on behalf of<br>egal services, I have agreed to accep                                      |  | ation of or in connection with the  | bankruptcy case is as follows: \$1,425.00                     |
|          | r to the filing of this statement I have  |  |   | \$0.00  |
|          | nce Due   |  |   | \$1,425.00  |
| 2. The   | source of the compensation paid to  | me was:  |   |   |
|          | Debtor  | Other (specify)  |   |   |
| 3. The   | source of the compensation paid to  | me is:   |   |   |
|          | <b>✓</b> Debtor   | Other (specify)  |   |   |
| 4. 🗸 I   | I have not agreed to share the above members and associates of my law   | e-disclosed compensation                                       | n with any other person unless the  | y are   |
| Шr       | I have agreed to share the above-dis<br>members or associates of my law fir<br>the people sharing in the compensa | rm. A copy of the agreeme                                      |   |   |
|          | turn for the above-disclosed fee, I h<br>a. Analysis of the debtor's financia<br>bankruptcy;                      |  |   |   |
| ŀ        | b. Preparation and filing of any pet  | ition, schedules, statemer                                     | nts of affairs and plan which may b   | pe required;  |
|          | c. Representation of the debtor at t  | the meeting of creditors a                                     | nd confirmation hearing, and any a  | adjourned hearings thereof;                                   |
| 6. By aç | greement with the debtor(s), the abo  | ove-disclosed fee does no                                      | t include the following services:   |   |
|          |   |  |   |   |
|          |   | CERTIFICA  |   | _   |
|          | y that the foregoing is a complete s<br>n this bankruptcy proceedings.  | tatement of any agreemen                                       | it or arrangement for payment to n  | ne for representation of the                                  |
|          | 12/5/2016   |  | /s/ Yisroel Y Moskovits   |   |
|          | Date  |  | Signature of Attorney   |   |
|          |   |  | Semrad Law Firm   |   |
|          |   |  | Name of law firm  |   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   |          | filing fee<br>administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> |                                  |
|   | \$275    | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 65 of 75

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Green, Shimeshia C                          | Case No.   |                                      |
|-----------------|---|--|--------------------------------------|
|                 | Debtor(s)                                   |  |                                      |
|                 |   | Chapter.   | Chapter7                             |
|                 | VERIFICA                                    | TION OF CREDITOR MAT                                   | ΓRIX                                 |
| Ti<br>knowledge | he above named Debtors hereby verify the e. | at the attached list of creditors is to                | rue and correct to the best of their |
| Date:           | 12/5/2016                                   | /s/ Green, Shime<br>Green, Shimesh<br>Signature of Del | ia C                                 |

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also un derstand that The Semrad Law Firm, LLC may incur costs for such it ems as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$ 1425.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Debtor Initials

the second retainer. Further, if I do not wish for The Semrad La w Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: Dec 5, 2016

Client \_\_\_\_\_

Shimeshia C. Green

Attorney

Asroel Y. Moskovits

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 68 of 75

| Debtor 1 Shimeshia  | С  | Green  | Case number (if know   | vn)   |
|---|--|--|--|---|
| First Name  | Middle Name  | Last Name  |  |   |
| Part 6: Answer These Qu   | estions for Reporting Purp   | oses   |  | 1.5 - 15 11 11 0 0 6 101(9) 00  |
| 16. What kind of debts do<br>you have?  | "incurred by an indiv<br>No. Go to line 16  Yes. Go to line 1  | vidual primarily for a place.  7.  narily business debtes or investment or the GC.  7. | personal, family, or house <b>s?</b> Business debts are deterough the operation of the         | ots that you incurred to obtain<br>e business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid  No.   | nanter 7. Do you estima  |  | operty is excluded and administrative<br>red creditors?   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | <ul><li>✓ 1-49</li><li>✓ 50-99</li><li>✓ 100-199</li><li>✓ 200-999</li></ul>   | <b>5</b> ,00   | 0-5,000<br>1-10,000<br>01-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you<br>estimate your assets<br>to be worth?   |  | \$10,0<br>\$50,0<br>\$100  | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?  |  | \$10,0<br>\$50,0   | 00,001-\$10 million<br>000,001-\$50 million<br>000,001-\$100 million<br>,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below  |  |  | learne alternation of marining that  | the information provided is true and  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 |  |  |   |
|   | Executed on 12/5/  | 2016<br>M / DD / YYYY  | Executed of  | on  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 69 of 75

| Fill in this infor              | mation to identify your ca   | ase:                     |  |  |
|---------------------------------|------------------------------|--------------------------|--|--|
| Debtor 1                        | Shimeshia                    | С                        | Green  | _  |
|                                 | First Name                   | Middle Name              | Last Name  |  |
| Debtor 2<br>(Spouse, if filing) | Fig. ( No. 2)                | Middle Name              | Last Name  | _  |
| (Spouse, II IIIIIg)             | First Name                   | Middle Name              | Last Name  |  |
| United States E                 | Bankruptcy Court for the:    | Northern                 | District of Illinois                               | _  |
| Case number                     |                              |                          | (State)  |  |
| (If known)                      |                              |                          |  |  |
|                                 | - 4000                       |                          |  | Check if this is an amended filing                   |
| Official                        | Form 106De                   | С                        |  | antificed ming                                       |
| Daalasat                        | ion About on I               | —<br>Individual Dah      | tor's Schedules                                    | 12/15  |
| Declarat                        | ion About an                 | Illulviduai Deb          | tor 3 concadies                                    |  |
| U.S.C. §§ 152,  Part 1: Sign    | 1341, 1519, and 3571.  Below |                          |  |  |
| Did you pa                      | ay or agree to pay some      | one who is NOT an attorr | ey to help you fill out bankru                     | ptcy forms?  |
| <b>⊘</b> No                     |                              |                          |  | ***************************************              |
| Yes.                            | Name of person               |                          | Attach Bankruptcy Peti<br>Signature (Official Form | ition Preparer's Notice, Declaration, and<br>n 119). |
|                                 |                              |                          |  |  |
|                                 |                              |                          |  |  |
| Under per                       | alty of perjury, I declare   | that I have read the sun | nmary and schedules filed wit                      | th this declaration and                              |
|                                 | are true and correct.        | $\cap$                   |  | 700  |
| Y /s/ Shime                     | orio Green                   | <i>l</i> ` 1             | ×  |  |

Signature of Debtor 2

MM/DD/YYYY

Signature of Debtor 1

Date 12/5/2016

MM/DD/YYYY

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 70 of 75

| Debtor 1  | 1 Shimeshia                     | С  | Green                     | Case number (if known)   |  |
|---|---------------------------------|--|---------------------------|--|--|
|   | First Name                      | Middle Name  | Last Name                 |  |  |
| 28. Wi  | editors, or other parties.      | or bankruptcy, did y   | ou give a financial stat  | ement to anyone about your business? Include all financial institutions,   |  |
| F   | Yes. Fill in the details below. |  |                           |  |  |
| <b>L</b>  |                                 |  | Date issued               |  |  |
|   | Name                            |  | MM/DD/YYYY                | <del>_</del>   |  |
|   | Number Street                   | ·  | <b></b>                   |  |  |
|   | City State                      | Zip Code   | _                         |  |  |
| Part 12:  | Sign Below                      |  |                           |  |  |
| true  | and correct. I understand that  | nt making a false stance of the stance of th | tement, concealing pr     | chments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with to to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |
|   | Signature of Debto              |  | <del></del>               | Signature of Debtor 2  |  |
|   | Date 12/5/2016                  |  |                           | Date   |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |                                 |  |                           |  |  |
| ₩.  | No<br>Yes                       |  |                           |  |  |
| Đid y   | ou pay or agree to pay some     | one who is not an at   | torney to help you fill o | ut bankruptcy forms?   |  |
| [J]   | No                              |  |                           |  |  |
|   | Yes. Name of person             |  |                           | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |  |

# Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 71 of 75

| Debto         | Shimeshia  | С   | Green                    | Case number (if   |
|---------------|--|---|--------------------------|---|
| 1             | First Name   | Middle Name   | Last Name                | known)  |
| Part 2:       | List Your Unexpire   | ed Personal Property Leas   | es                       |   |
| informa       | ation below. Do not lis  | property lease that you listed in<br>it real estate leases. Unexpired<br>al property lease if the trustee | d leases are leases that | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| De            | The state of the s | personal property leases  |                          | Will the lease be assumed?  |
| Les           | ssor's name:   |   |                          | No Yes  |
|               | scription of leased perty:   |   |                          |   |
| Les           | ssor's name:   |   |                          | □ No □ Yes  |
|               | scription of leased<br>perty:  |   |                          |   |
| Les           | sor's name:  |   |                          | No Yes  |
|               | scription of leased perty:   |   |                          |   |
| Les           | sor's name:  |   |                          | No Yes  |
|               | scription of leased perty:   |   |                          |   |
| Les           | sor's name:  |   |                          | No Yes  |
|               | cription of leased<br>perty:   |   |                          |   |
| Les           | sor's name:  |   |                          | No Yes  |
|               | cription of leased<br>perty:   |   |                          |   |
| Les           | sor's name:  |   |                          | No Yes  |
|               | cription of leased<br>perty:   |   |                          |   |
| Part 3:       | Sign Below   |   |                          |   |
| Unde<br>prope | r penalty of perjury, I orty that is subject to  | declare that I have indicated r   | ny intention about any p | roperty of my estate that secures a debt and any personal   |
| <b>x</b> /    | s Shimeshia Green  | Imake L   | ×                        |   |
|               | gnature of Debtor  |   | Sign                     | ature of Debtor 1   |
| Da            | MM/DD/YYYY   |   | Date                     | MM/DD/YYYY  |

Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 72 of 75

#### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re:          | Green, Shimeshia C | Case No   |                                     |
|-----------------|--------------------|---|-------------------------------------|
|                 | Debtor(s)          |   |                                     |
|                 |                    | Chapter.  | Chapter7                            |
|                 | VERIF              | FICATION OF CREDITOR MAT                                | RIX                                 |
| Th<br>knowledge |                    | erify that the attached list of creditors is tru        | ue and correct to the best of their |
| Date:           | 12/5/2016          | /s/ Green, Shime<br>Green, Shimeshi<br>Signature of Deb | a C                                 |

EXETER FINANCE CORP PO BOX 166097 IRVING, TX 75016

CORPORATE AMERICA FCU 2075 Big Timber Rd c/o Tiffany Rollo Elgin , IL 60123

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS , NV 89193

KAY JEWELERS 375 GHENT RD FAIRLAWN , OH 44333

Blitt & Gaines 661 Glenn Ave Wheeling , IL 60090

CAPITAL ONE BANK USA, NA 11013 W BROAD ST GLEN ALLEN , VA 23060

SYNCB/JCP PO BOX 965007 Orlando , FL 32896

CB/LNBRYNT Post Office Box 659562 San Antonio , TX 78265

HUNTER WARFIELD PO Box 1022 Wixom , MI 48393

KOHLS/CAPONE PO Box 30277 Salt Lake City, UT 84130

DIVERSIFIED CONSULTANT 10550 DEERWOOD PARK BLVD JACKSONVILLE , FL 32256

### Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 74 of 75

CB/VICSCRT 220 W SCHROCK RD WESTERVILLE , OH 43081

CREDENCE RESOURCE MANA 17000 DALLAS PKWY STE 20 DALLAS , TX 75248

I C SYSTEM INC PO BOX 64378 SAINT PAUL , MN 55164

SYNCB/GAP P.O. BOX 29116 SHAWNEE MISSIO, KS 66201

Great American Finance 20 N Wacker Dr, Ste 2275 Chicago , IL 60606

VON MAUR 6565 BRADY DAVENPORT , IA 52806

Public Storage 1750 Montreal Circle Tucker , GA 30084

IDOR PO Box 64338 Chicago , IL 60664

Nicor - PO Box 5407 PO Box 5407 Carol Stream , IL 60197

Americash - Bankruptcy PO Box 184 Des Plaines , IL 60016

Quest Diagnostics PO Box 7306 Hollister , MO 65673 Case 16-38287 Doc 1 Filed 12/05/16 Entered 12/05/16 11:37:16 Desc Main Document Page 75 of 75

West Line Apartments 1700 Ontarioville Road 201A Hanover Park , IL 60133